

A.C. 49122

City and County Borough of



Canterbury
1965



ANNUAL REPORT

OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL
OFFICER

Including the Report of the
CHIEF PUBLIC HEALTH INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
1965

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CITY OF CANTERBURY—1966

Mayor:

COUNCILLOR B. A. PORTER

Chairman—Health Committee:

COUNCILLOR MRS. E. M. ROTHERMEL

Chairman—Education Committee:

ALDERMAN S. H. JENNINGS, O.B.E.

Chairman—Sanitary and Licensing Committee:

COUNCILLOR K. G. HILLS

Town Clerk and Welfare Officer:

J. BOYLE, LL.B.

Director of Education:

N. POLMEAR, M.A.

Medical Officer of Health and Principal School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:

T. L. MARTIN, A.R.S.I., M.S.I.A.

COMMITTEE MEMBERSHIP, 1966

Mayor:

COUNCILLOR B. A. PORTER

Health Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL.

City Council Members: Alderman T. McCALLUM, Councillor MRS. K. M. ELLIS, Councillor K. G. HILLS, Councillor T. H. KELLEHER, Councillor MRS. L. PIKE, Councillor J. J. ROOK, Councillor E. G. SHERSBY, Councillor J. TILLEARD.

Co-opted or Representative Members: MISS D. M. LEACHMAN, Matron Kent and Canterbury Hospital; DR. J. A. CHEESE, Local Medical Practitioner; MR. A. S. HAINES, South East London and Kent Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. INGRAM.

Mental Health Services Sub-Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL.

City Council Members: Councillor MRS. K. M. ELLIS, Councillor T. H. KELLEHER.

Co-opted or Representative Member: DR. J. A. CHEESE.

Sanitary and Licensing Committee:

Chairman: Councillor K. G. HILLS.

City Council Members: Alderman H. P. DAWTON, Alderman E. E. KINGSMAN, Alderman P. L. WOOD, Councillor H. J. BUCKWORTH, Councillor J. D. COOMBES, Councillor T. H. KELLEHER, Councillor MRS. L. PIKE, Councillor E. G. SHERSBY, Councillor A. J. SMITHERS.

Education Committee:

Chairman: Alderman S. H. JENNINGS, O.B.E.

City Council Members: Alderman E. E. KINGSMAN, Alderman T. McCALLUM, Councillor E. C. F. BROWN, Councillor MRS. K. M. ELLIS, Councillor K. G. HILLS, Councillor T. H. KELLEHER, Councillor MRS. E. M. ROTHERMEL, Councillor E. G. SHERSBY, Councillor J. TILLEARD.

To the Right Worshipful the Mayor, the Aldermen and Councillors of the City and County of Canterbury.

I have the honour to present the Annual Report for the year 1965. It amalgamates the report on the Local Health Services and the Reports of the Chief Public Health Inspector, the Principal School Medical Officer, and the Medical Director of the Child Guidance Clinic, with an ending of Service Information up to date at the time of going to print.

The mid-year population in 1965 showed little more than a one per cent. increase over the previous year, but there accrued another one per cent. to the community in the fourth quarter with the advent of University students.

Mention has been made in a previous annual report of the active interest taken by the Christ Church Teachers' Training College in social services and in the study of social factors in the community. The older pupils in the City schools also show a keen interest in social service and it is evident that if some special service need is disclosed there is a potential of good will available. An enlightened approach is shown by the seniors in one school who have "adopted" the Canterbury Training Centre for mentally handicapped children as their interest.

The Chief Public Health Inspector reports on the progress of the clearance of unfit houses. Preoccupation with the inclusion of an old building with architectural merit has at times soured public appreciation of the improvements that have been achieved in the housing conditions in the City since 1955.

The scaffolding round Bell Harry Tower is a reminder of what atmospheric pollution can do to stonework. Its effect on modern building materials and cladding is yet to be experienced. Measurement of atmospheric pollution is now a part of the public health routine. Progress in fitting smokeless appliances can be achieved voluntarily, especially with a lead from local housing authorities, for the domestic fireplace is now the greatest local offender.

A good standard of food hygiene is essential at all times and in all places, but none more so than in such a focus for visitors as Canterbury has always been. Support has been given by the staff to educational courses in this subject.

The policy of closer co-operation with the family doctors was served by the closure of the local authority medical ante-natal clinic and the attachment of the domiciliary midwives to general practices in place of districts. We did not abandon our interest in ante-natal care by this move but have concentrated our activity on mothercraft talks, relaxation classes, and sewing classes. Changes can also be expected in the evolution of the child welfare clinics in the future towards health visitor clinics closer to the outlying housing areas and the concentration of medical officer time on the central clinic. The Health Visitors are associated with but not yet attached to the family doctor practices.

The central clinic now accommodates the Family Planning

Association's clinics and also houses the Cytological Smear Test Clinics, as well as Child Welfare, Mothercraft and various other associated services.

The District Nurses' work has been improved greatly by the development of disposable items of nursing equipment. The disposable incontinence pad has taken over some of the need met by the foul laundry service, but in itself has presented in certain situations a problem of disposal requiring a special service of collection for incineration.

During the year the need for a problem family case worker was debated and there has been a satisfactory beginning to this service. The social work done in and from the health department is undoubtedly a growing point in the health and welfare service. For the rest the tasks are seen as those of consolidating gains in health standards, developing new techniques of early detection and prevention of ill health, integrating and co-operating with the family doctor and hospital services, and at all times education towards a healthier way of life, in the widest sense. This is the outlook of your health department and its staff to whose service I should like to pay tribute, and of whose service you will learn by reading the reports that follow.

MALCOLM S. HARVEY,

Medical Officer of Health.

Health Department,
15A Dane John,
Canterbury.

ANNUAL REPORT—1965

Social Situation

It is not to be expected that in an annual report one may report any marked social change from the previous year without some radical national shift in circumstances. But it is reasonable, nevertheless, to say that 1965 marks for Canterbury the beginnings of a change which with each succeeding year will become more marked. From the beginning of post-war recovery Canterbury has given a special place to Educational development, helped by its unique Joint Educational arrangement with Kent County Council. The Public Schools in the City have also prospered. The Technical College, the College of Art and School of Architecture have all been forward looking in their activity, and the establishment of the Christ Church Teachers' Training College with 500 places added a stimulus to the mutation. The decision to embrace Canterbury within the scheme for new universities by siting the University of Kent on St. Thomas's Hill confirmed the reality of Canterbury's evolution over the last fifteen years towards a true centre of learning. It would perhaps be more correct to say its revival, for the City must have experienced a similar change with the establishment of St. Augustine's Abbey and the Cathedral Priory of Christ Church as an ecclesiastical centre of learning in the eighth century. In a City of Canterbury's size the growth of the University cannot fail to exert an influence on its social and cultural life.

The state of employment is described in the following statement for which I am indebted to the head of the Ministry of Labour Employment Exchange:—

"During 1965 the Canterbury Employment Exchange placed 1,616 persons in employment, compared with 1,442 people in 1964. Of these 1,154 were men and 462 women (1,048 and 394 in 1964). In December, 1965 there were 63 unfilled vacancies recorded for men and 170 for women (75 and 130 in 1964). These vacancies for men were in occupations requiring skills and experience not possessed by men registered as unemployed and the large number of unfilled vacancies for women reflected the serious shortage of women workers available, a problem which existed throughout the year."

"In June there were 133 men and 38 women unemployed, and in December 219 men and 45 women. Expressed as percentages of the insured population of the Employment Exchange area, which includes Bridge-Blean, the rates of unemployment in June and December were 0.8% and 1.2% respectively."

The need for day nursery accommodation to free married women for employment, including hospital nursing, was under review at the close of the year.

It is still the practice for mothers who work on seasonal fruit and vegetable harvesting to take their pre-school children with them to the fields. The farmers collect the pickers by lorry and return them in the evening. It is a custom which demands attention to the welfare

of the children and the need is not ignored by the farmers. Observation is maintained at clinics and by health visitors. Where there is a family tradition of such employment the children appear to benefit from sharing their parent's outdoor life. In a few cases parents have been encouraged to abandon the work, for the sake of the care required by the school children in the family, or to be more able for the pressure of household duties.

Employment in the Canterbury area including the rural surrounds of Bridge-Blean involves 10% of the population in agricultural work. The Building industry absorbs a similar proportion, with mining and gravel getting raising the proportion to 15%. Just under 30% are employed in the business of finance including insurance, public administration and in professional services, and 20% in distributive trades, transport and communications with only just over 10% employed in manufacturing industries.

General Statistics

Area of the City: 4,810 acres. Population (mid-1965): 32,560.

Inhabited dwellings as shown in the ratebook on 1.4.65: 10,659, showing an increase of 272 in the year.

Rateable Value: £1,512,407, the penny rate representing £5,900.

Vital statistics on births, deaths, etc., are given at the end of the section dealing with Home Health Services.

Home Health Services

There has been no development so far in the provision of Health Centres. The clinic services for mothers and young children were varied during the year. With the attachment of Midwives to General Practices the provision of a Medical Ante-natal session on Wednesdays was discontinued and the services for expectant mothers were concentrated on Monday. Mothercraft and relaxation classes staffed by the Health Visitors and the Physiotherapist are run in the Central Clinic on Monday afternoons with scope for extending these to Monday forenoon if required.

A new Child Welfare Clinic was planned and is now running in the St. Stephen's area in the hall of the Parish Church on Tuesday mornings. This is a Health Visitor clinic with a doctor attending once a month for immunisations and progress routine.

We have now achieved a distribution of clinics in the City which serves the four outlying housing areas, with one central hub clinic. At present two of the outlying clinics are Health Visitor clinics with a doctor attending monthly, and two have a doctor attending each week, while the Central Clinic has two medical child welfare sessions weekly. None of these clinics is in purpose built premises, although the Central Clinic has been developed and adapted as far as its ancient and historic structure will allow.

Ante-Natal Arrangements. On discontinuing the medical ante-natal session the service to Shorncliffe Military Families' Hospital in providing intervening ante-natal care was ended, and is now undertaken by one of the general medical practitioners in the City. The

attachment of Midwives to General Practices has for the present loosened the ties between midwife and health visitor, but these will improve with closer association between the health visitors and the general practitioners.

Ante-natal clinic attendances (to 30.11.65 only):

Sessions...	...	...	...	...	...	42
First attendances	...	...	...	...	...	110
Total attendances	...	...	...	...	...	304
Blood tests taken	...	...	...	...	...	135
Post Natal Examinations	...	...	...	...	...	3
In attendance 1.1.65	...	...	...	...	...	17
31.12.65 closed.						

Relaxation classes are held on the same afternoon as the Mothercraft meetings and by duplicating the group talk and discussion the mothers are able to benefit from relaxation and mothercraft advice on the same visit to the clinic.

Relaxation Classes:

Sessions held	...	...	...	...	...	44
Mothers in attendance (City 100, County 99)	...	...	...	...	...	199
Total attendances	...	...	...	...	...	1,298
Mothercraft Sessions (duplicated)	...	...	...	...	...	47
Mothers in attendance	...	...	...	...	...	166

There were several showings of films and expectant fathers were invited to accompany their wives at a special evening showing of *To Janet a Son*. This was very successful and 64 attended.

Health Visiting

The average number of home visits made by each Health Visitor during the year was distributed as:—

Families with Expectant Mothers	...	...	...	53
Families with Children under 5 years	...	...	...	1,402
Families with School Children only	...	...	...	85
Persons over 65 years of age	...	...	...	46

(This excludes the visits of the tuberculosis Health Visitor.)

In the barrack area the inward and outward movement of families presents a problem in health visiting, with an extra load of first contacts with a family. As a social group within the community they have needs unlike any other, which the Army authorities seek to meet by a wide variety of community services. The Social Studies section of the Teachers' Training College were able through the helpful acceptance of the project by the garrison authorities and the service families, to make a study of the needs and services provided to meet these needs of the families living in married quarters. This was combined with an educational study of the children at school, of the local authority services provided, and other aspects.

The Health Visitor's problem is well expressed in the observation that during 1965 the number of children under 5 years in families moved into quarters was 167 and the number moving out was 162. The wives and children of men posted overseas need special support, as do the short term residents in the course of transferring from one

posting to another who may be difficult to contact in the time available.

The Health Visitors made 484 attendances at Infant and Child Welfare Clinics during the year. Visits (to all age groups) at the request of General Practitioners totalled 41 first visits and 61 follow-up visits, which does not indicate any great measure of co-operation as yet.

The number of children on the "observation" register at the end of the year, subject to special review on milestones progress was 193 compared to 167 at the end of the previous year.

Visits to Infants and Children—

Infants born in 1965—First Visits	...	...	...	533
Total Visits	...	...	...	2,246
Children born in 1960-64—First Visits	...	...	...	1,979
Total Visits	...	...	...	6,168

Visits to Expectant Mothers—

First Visits	180
Total Visits	322

Visits to Persons Over 65 Years—

Total Visits	270
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After-care, Infectious Disease, Home Accident and Other Visits—

First Visits	258
Total Visits	...	...	...	...	...	477

Tuberculosis Health Visiting—

				1965	1964
Clinic Sessions	...	...	...	96	115
Mantoux Test Clinics	...	...	...	48	42
B.C.G. Clinics	...	...	...	15	20
Home Visits	...	...	...	671	482

The Estimated Population (mid-1965):

Under 1 year old	...	...	...	...	540
Age 1-4 years	...	...	...	...	1,960—Total 2,500
Age 5-14 years	...	...	...	...	4,500
Adults	...	...	...	...	25,560

There were 237 marriages registered in the City during the year.

Attendances at Clinics during 1965

	Age Group	Central	Wincheap	North-gate	London Road	Totals
On Clinic Register	Under 1	240	64	64	68	436
31.12.64	1-5 years	335	130	94	176	735
On Clinic Register	Under 1	237	64	65	85	451
31.12.65	1-5 years	391	143	137	141	812
Number of Children attending	Born 1965	247	63	73	91	474
	Born 1964	252	74	91	74	491
	Born 1960-63	273	106	152	133	664
Attendances of Children	Born 1965	2,321	529	562	705	4,117
	Born 1964	2,010	841	624	704	4,179
	Born 1960-63	1,096	511	555	375	2,537

Total attendances: 10,833

Doctors Consultations:

Children born 1965	...	...	...	...	...	546
Children born 1960-64	...	...	...	...	...	1,421
Total	...	...	...	...	...	1,967

The Dental Service to Pre-School Children and Expectant and Nursing Mothers was limited by staff shortage through illness, but 30 sessions were held in the Central Clinic surgery.

Numbers provided with dental care:

	No. of Persons examined during the year	No. of Persons who commenced treatment during the year	No. of Courses of treatment completed during the year
Expectant & Nursing Mothers	50	49	32
Children under 5 and not eligible for school dental treatment	59	62	51

	Scaling and Gum Treat- ment	Fill- ings	Silver Nitrate Treat- ment	Crowns and Inlays	Extrac- tions	General Anæst- hetics	Dentures Provided		Radio- graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	24	37	2	—	47	11	8	7	1
Children Under Five and not eligible for School Dental Service	2	4	25	—	49	22	—	—	—

Premature Infants

There were 29 premature births out of 522 live births to Canterbury mothers, of which 2 were in domiciliary practice and 27 delivered in hospital.

Domiciliary Midwifery

Four domiciliary midwives are employed. Three are attached to doctors' practices and one acts as general relief to the others. Pupil midwives from the Part II Midwifery Training School at Kent and Canterbury Hospital are attached for district training. The percentage of home deliveries fell to 25% (129 out of 522) but early discharge of those delivered in hospital was arranged in many cases.

	1965	1964
Live births of which notification was received:		
Home delivery	129	178
Hospital delivery	1,370	1,160
	<hr/>	<hr/>
Total ...	1,499	1,338
	<hr/>	<hr/>

Live births to Canterbury mothers, where delivered:

	1965	1964
Domiciliary Practice (City)	129	175
Kent and Canterbury Hospital	338	294
Private Domiciliary Practice	Nil	Nil
Military Families Hospital, Shorncliffe	26	24
St. Helier's Maternity Home, Tankerton	23	26
Elsewhere	6	13
	<hr/>	<hr/>
	522	532
	<hr/>	<hr/>

There were 7 stillbirths, all in hospital.

Breast Feeding

The percentage of mothers still breast feeding the baby at completion of the midwife's care rose to 59%. The importance of breast feeding in the early weeks of life is stressed by the findings of the "Enquiry into sudden death in infancy" (Ministry of Health Reports on Public Health and Medical Subjects No. 113) which observed a significant association between sudden unexplained deaths in infancy and bottle feeding especially during the first two weeks of life.

Welfare Foods

The use made of National Dried Milk again declined, but the use of Orange Juice improved.

	1965	1964	1963
National Dried Milk (tins)	4,623	5,413	5,263
Orange Juice (Bottles)	10,353	9,167	8,270
Cod Liver Oil (bottles)	444	362	448
Vitamin A & D Tablets (packets)	742	793	939

Home Nursing

The number of District Nurses remained at six, but the introduction of a State Enrolled Nurse in substitution for a State Registered Nurse was approved and is now implemented.

Full use is made of disposable aids, and pre-sterilized dressing packs are now supplied to the nurses. The disposal of incontinence pads appeared on first report to present no problem but more careful enquiry disclosed the need for special arrangements in a few cases.

Types of Case	Medical Cases	Surgical Cases	Cases of T.B.	Others	Cases Nursed	Total Visits	Cases Over 65	Visits to Patients Over 65
The year 1960	539	80	2	2	623	17,756	372	12,369
" " 1961	469	93	3	1	566	18,269	353	14,753
" " 1962	508	78	5	8	599	20,043	351	15,668
" " 1963	498	101	5	2	606	18,334	363	14,297
" " 1964	431	92	2	—	525	14,913	253	11,015
" " 1965	497	119	3	1	620	15,731	328	11,724

Vaccination and Immunisation

A special drive during the year to encourage the acceptance of booster doses of diphtheria/tetanus vaccine increased the recorded protections around age 5 years.

Vaccinations against Smallpox, 1965

Against Smallpox		Under 3 Months	3—6 Mth's	6—9 Mth's	9—12 Mth's	1—4	5—15	Over 15	Total
Primary Vaccination	Clinic	2	—	1	5	145	1	1	155
	Family Dr.	18	7	3	10	121	6	—	165
	Total	20	7	4	15	266	7	1	320
Revaccination	Clinic	—	—	—	—	—	5	5	10
	Family Dr.	—	—	—	—	1	5	—	6
	Total	—	—	—	—	1	10	5	16

Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, 1965

Completed Primary Course:

	Born in 1965	1964	1963	1962	1958-61	Others Under Age 16	Total
Diphtheria ...	204	279	21	6	21	5	536
Whooping Cough	203	273	17	5	9	2	509
Tetanus ...	203	277	21	6	22	7	536
Poliomyelitis ...	99	300	37	15	43	49	543

Reinforcing Doses:

	Born in 1965	1964	1963	1962	1958- 61	Others Under Age 16	Total
Diphtheria ...	1	53	104	19	365	38	580
Whooping Cough	1	22	44	2	54	4	127
Tetanus ...	1	51	104	19	360	45	580
Poliomyelitis ...	1	1	4	1	274	77	358

B.C.G. Vaccination

(Section 28 N.H.S. Act; Prevention of Illness)

The programme continued, with case contacts dealt with by the Chest Clinic and routine protection through school health arrangements.

Contacts—

Skin Tested ...	...	54
Found Negative ...	...	51
B.C.G. Vaccinated ...	...	53

Routine Protection—

Number in 12/13 Age Group	Older Age Group	Total
Consents to test ...	73	630
Found Negative ...	66	543
Vaccinated B.C.G. ...	66	543
Positive (previous B.C.G.)	54	

L.E.A. SCHOOLS—B.C.G. VACCINATION SINCE 1956

Year	Appropriate School popula- tion	Test	No. Tested	% Poss- ible	Test +ve	%	Test —ve	Vacd. B.C.G.
1956	—	Mantoux	510	—	76	15.0	434	434
1957	618	Mantoux	481	78	48	10.0	433	433
1958	710	Heaf	639	90	56	8.7	583	583
1959	937	Heaf	712	85	81	11.4	631	631
1960	612	Heaf	511	83	37	7.0	474	474
1961	801	Heaf	695	86	31	4.4	639	634
1962	559	Heaf	550	94	50	9.9	500	500
1963	516	Heaf	401	80	23	4.4	378	378
1964	512	Heaf	400	90	22	4.8	438	438
1965	638	Heaf	557	87	26	5.0	477	477
10 years			5,516		450	8.0	4,987	4,982

+ 54 positive previous B.C.G.

Ambulance Service

The Joint Ambulance Service continues to run satisfactorily. The out-patient demand continued to increase and the prospect of two Day Hospitals, one at St. Martin's and one at Nunnery Fields, made it necessary to plan increases in staff and vehicles in the coming year. The lag in time between order and supply of new ambulances makes careful forward planning necessary. The scope for radical re-design of ambulances used for handicapped outpatients may well be responsible for the cautious approach of suppliers.

The staff at the end of 1965 was 26 driver/attendants, of whom 18 were on a three-shift rota, and 8 on varying shift day duty. In addition there is 1 control room assistant and the Station Officer. The Deputy County Ambulance Officer who covers the Eastern half of the county has his office in the Canterbury Station. Working relations are excellent.

More use was made of the Hospital Car Service, which carried twice the number of patients than in the previous year with a 24% increase in mileage. The voluntary service provided by the Canterbury Corps of St. John Ambulance Brigade provides a helpful arrangement for those cases that fall outside the scope of the National Health Ambulance Service for whom the charge which must be made would be prohibitive.

USE MADE OF AMBULANCE SERVICE OVER FIVE YEARS TO 1965

	1961	1962	1963	1964	1965
Total Patients Carried	34,091	33,411	33,046	37,922	39,689
Outpatients	28,675	27,917	27,443	32,001	34,170
Admissions, Transfers Accidents, etc.	5,416	5,494	5,603	5,921	5,519
Mileage	154,039	158,106	159,235	169,209	174,633

Hospital Car Service: 345 patients; 14,404 miles, averaging over 40 miles per patient carried. In this way savings result through ambulances remaining in local service instead of being withdrawn from the area by such journeys. The average per patient journey on our N.H. ambulances is 4.4 miles.

Health Education

The policy on Health Education was developed during the year by a decision to give special responsibility for this work to one of the Health Visitors. This will result in programmed health education in the form of display material, timed to coincide with special attention to the subject matter by the other Health Visitors in their day to day work in home visiting.

The Health Visitors gave talks to adult groups including Townswomen's Guilds, Young Wives' Groups, other Church Groups and Voluntary Societies. Support was also given to several research surveys on a national basis.

Mothercraft instruction in Ante-Natal care has been referred to under an earlier section. This subject is also promoted in talks to Secondary School pupils.

Reference is made in Dr. Kenneth Fraser's report on the Child Guidance Clinic to the seminars with associated workers. The regular meetings that he has held with the Health Visitors have been of great value to them in the early recognition of mental health problems and in the preventive approach to behaviour difficulties in childhood.

Home Help Service

At the beginning of the year 165 cases were being helped, and at the end of the year this had risen to 195. During the year 124 new cases were taken on for assistance, giving a total of 289 cases helped during the year, of which 94 cases terminated.

The hours worked by Home Helps shows a steady increase over the years due in the main to the increasing load of elderly persons maintained in this way in their own homes and in relative independence.

Home Help hours worked:	1963	39,428
	1964	40,960
	1965	44,670

The number of maternity cases helped showed a marked increase despite the decrease in home deliveries. Adequate planning for early hospital discharge helps the service to meet a call. Demands without warning for such cases puts an unfair burden on the Organiser.

Home Help Service is available for types of cases described in the Service Information at the end of the Annual Report, but in addition it has been agreed that the service may be used where feasible to avoid children having to be taken into care in the case of sudden family breakdown, this use of the service being organised jointly between the Children's Department and the Health Department.

HOME HELP TO HOUSEHOLDS

For persons aged 65 or over	For persons aged under 65 years				Total
	Chronic Sick or T.B.	Mentally Disordered	Maternity	Others	
229	16	5	28	11	289

The problem of employing suitable staff is becoming difficult due mainly to the loss of staff to the University, and it will become more difficult as that establishment grows. The requests for purely domestic work for the elderly non-handicapped or non-infirm are too many, and include requests for help to those with sufficient means to employ private help. The constant supervision of the organiser is essential to preserve the service as an adjunct to the health services, and to allow the hours worked to be given to help for the sick, handicapped or infirm. As an unusual variation in the duties the home help is sometimes called upon to take the beneficiary to the doctor, or to visit the hospital specialist or the optician, help that a good neighbour service could do. A close association between the statutory services and voluntary services is most valuable.

The home helps have worked well and conscientiously. They have a very Christian attitude towards their job and do many acts of kindness for the old people in their own time. Once again Blean School donated their Harvest Festival produce to be distributed to the elderly who were receiving home help and seventy persons received gifts.

Foul Laundry Service

This service, which can be looked on as supplementary to both District Nursing and Home Help services, dealt with 151 bundles of foul laundry in the year. This is a marked reduction from 287 bundles in the previous year, accounted for by the greater use of disposable incontinence sheets.

Chiropody Service

At the beginning of the year 173 persons were receiving treatment under the service; at the end of the year the figure was 215, of which 129 were attending the Chiropodist's surgery and 86 were domiciliary treatments. The sex distribution was 181 females to 34 males. It would be wrong to suppose that male feet give less trouble. It is the males as a whole who do not survive into the age group from which most of the elderly are drawn who need chiropody. An assessed charge is made for the treatment, the residue of the fee being paid by the health authority. In order to save accounting costs the assessed charge is paid by the patient direct to the chiropodist at the time of treatment. However, 198 out of the 215 cases receiving help at the end of the year were paying the minimum charge of two shillings.

Ninety-six cases were referred during the year, the highest number referred in any year since the service started. (Previous highest, 81 in 1961.)

Classification	1963	1964	1965
PHYSICALLY HANDICAPPED			
Elderly	17	19	45
Otherwise	7	7	3
ELDERLY PERSONS	35	39	48
EXPECTANT MOTHERS	Nil	Nil	Nil
Total	59	65	96
SOURCES OF REFERRAL			
Gen. Med. Practitioners	52	44	57
District Nurses	6	18	25
Health Visitors	1	3	14
Total	59	65	96

CASES UNDER TREATMENT 31.12.65 215

Mental Health

The Social and Mental Welfare Officer gives threequarters of his time to Health activity and one quarter to Welfare work. The demands of social work require that he should be able to concentrate the time required on case work according to the needs of the case and not on a rationed basis of work distribution. For this reason the Welfare side appointed a part-time home visitor for the elderly to meet the routine contacts, and the Health side plans relief in the Mental Welfare routine.

Care and After-Care

Liaison between St. Augustine's Hospital and the Mental Welfare Officer continues satisfactorily and 892 visits were paid to 46 individual patients and their families.

The Mental Welfare Officer also attended Psychiatric Out-Patient Clinics at Kent and Canterbury Hospital with patients as required.

During the year the number of admissions to St. Augustine's Hospital involving the Mental Welfare Officer was as follows:—

	Section 29	Section 25	Section 26	Informal	Totals
Male	6	4	—	7	17
Female	4	10	3	3	20

New referrals for after-care totalled 10 and these were referred from various sources, including St. Augustine's Hospital, Health Visitors, and relatives.

Accommodation

There is still great difficulty in obtaining suitable accommodation for patients discharged from hospital and it may well be necessary

in certain cases to make use of the County Council's Hostel at Dartford, which is to be opened in January, 1966, until such time as similar accommodation is available in this City.

There are no registered Mental Nursing Homes in Canterbury.

Mental Subnormality

During the year 5 new cases were referred to the Local Authority and 4 cases were removed from the register. 6 cases received short-term care at Hill House Hospital, Rye.

The numbers under supervision as at 31.12.65 were 17 female and 30 male—Total 47.

Of these, 10 females and 13 males attended the Training Centre.

Home visits by the Mental Welfare Officer totalled 167.

Guardianship

There are no cases under Guardianship.

Canterbury Training Centre

The Centre is working to capacity, with the 50 places taken up throughout the year. The distribution of cases between City and County continues at approximately the fifty-fifty basis, but with earlier assessment of subnormal children and a trend towards admission on trial the nursery group has grown in numbers. The sun porch was enclosed to give more room for the nursery group and to allow use of this space throughout the winter. The age distribution was as follows:—

At December, 1965:—

	<i>Under 16</i>		<i>Over 16</i>		
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Canterbury Cases	7	5	6	6	24
Kent County Cases	7	5	7	9	28
	—	—	—	—	—
Total	14	10	13	15	52
	—	—	—	—	—

A proposal to extend the Centre to provide an adult annexe to include a Workshop was considered. While it was shown to be architecturally possible and would probably have improved the outward appearance of the Centre, the idea was abandoned as bad in principle. A separate Adult Centre is preferred and a site for such a development is to be sought.

The greater emphasis placed on social training has shown itself in a variety of new ventures. Outside visits have included two television recordings and Bertram Mills circus. A long week-end was spent at Pirates' Springs holiday home by the adult pupils. Eight pupils went for a day trip to France and expeditions were made to Dover Castle, to Lydd Airport and train spotting at Faversham. All of this has helped in the confidence and deportment of

the pupils. The circle of friends interested in the Centre has widened considerably. Toc H invited all at the Centre to a picnic held at the Frank Hooker School fields, and it is noteworthy that the senior girls and boys at this school have adopted the Centre. Besides visiting regularly, a Christmas party for the younger pupils was organised. A senior schoolboy has pioneered a voluntary scheme by which the pupils have someone interested in them individually. A short service is held in the Centre each week and fourteen clergymen from several denominations and churches around the City have taken these services. Harvest Festival and the Carol Service are held in Thanington Church. The self reliance and independence that is gradually developing from this wide approach to training is most encouraging.

National Assistance Act 1948, Section 47

It was not found necessary to seek any order for removal into care during the year.

Accommodation for the Elderly

The accommodation specially provided for the elderly is shown below. The modern version of the Almshouse, the Wardened unit of little flatlets with communal amenities, has been developed further by the Council.

				<i>Total places Wardened No Warden</i>		
<i>Council Units:</i>						
Bungalows	...	...	138	66	72	
Flats	...	...	194	144	50	
The Holt O.P.H.	...	...	42	42	—	
The Pines O.P.H.	...	...	26	26	—	
Total				278	122	
<i>Almshouses:</i>						
Jesus Hospital	...	...	17	17	—	
St. John's Hospital	...	...	24	24	—	
Eastbridge	...	...	5	5	—	
Cooper's	...	...	6	—	6	
St. Lawrence Road	...	...	4	—	4	
Manwood	...	...	6	—	6	
Hospital Lane	...	...	1	—	1*	
Smith's, Longport	...	...	4	—	4†	
				67	46	21
Registered Private O.P.H.	...	...	4	4		
Grand Total				328	143	

* Under renovation. † Awaiting action.

Blind and Partially Sighted Persons

The cases notified on Form B.D. 8 during 1965 numbered 13.

<i>Condition present</i>	<i>Cataract</i>	<i>Glaucoma</i>	<i>Myopia</i>	<i>Others</i>	<i>Total</i>
No treatment recomm.	1	—	3	4	8
Treatment needed ...	1	—	—	3*	4
Treated on follow-up ...	—	—	—	—	—

* 1 *Ophthalmic medical supervision only.*

Treatment refused by 1 case; 1 died during year.

We observe our interest in the cases on the register by a periodic enquiry by home visit (Health Visitor) or through the Welfare Department Visitor to the Blind.

Nursing Homes and Nurses Agencies

There is one private Nursing Home (6 places) and one registered Nurses' Agency in the City.

Nurseries and Child Minders

There were two registered Child Minders at the end of 1965. One of these is a kindergarten run in the residence of the minder. Two Pre-school play groups are registered, one for 40 children which is run on one afternoon in the week by the W.V.S. and one for 20 children run on three mornings a week by a group of mothers. One Play Group which was run in St. Mary Bredin's Church Hall closed down.

Voluntary Organisations

A list of contacts for Voluntary Organisations is given under Service Information at the end of the Annual Report. The usual meeting of representatives was held at which information on plans and progress was exchanged to ensure the maximum co-ordination.

Training Facilities and Visits of Observation

The Senior Health Visitor attended a preparation course as Field Instructor. We continue the arrangements by which Student Nurses from the Kent and Canterbury Hospital and St. Augustine's Hospital are attached to Health Visitors or District Nurses for an observation day. Lecturers are provided for the Midwifery Part II Training School and for the Nurse Training School at the Kent and Canterbury Hospital.

Kent County Health Department again offered facilities for the Nurses of the Canterbury District Nursing Association and for our midwives to attend the study week held at County Hall.

All members of the nursing staff are sent on refresher courses, the aim being to attend a course every fourth year. One midwife, 2 district nurses and 2 health visitors attended during 1965.

Visitors from overseas to observe the local health services were received from Zambia and New Zealand.

Infectious Disease Tables.

Cases Notified during 1965

Disease	Age Group											Quarterly Incidence				
	Age Un-known	Under 1	1-2	2-3	3-4	4-5	5-9	10-14	15-24	25+	Total	1st	2nd	3rd	4th	Total
Measles ...	—	11	57	54	67	61	167	10	1	2	430	229	187	12	2	430
Scarlet Fever	—	—	—	—	2	1	8	3	—	—	14	5	2	2	5	14
Whooping Cough	—	—	—	—	1	—	1	—	—	—	2	1	1	—	—	2
Dysentery ...	—	—	—	—	—	—	—	—	6	11	17	17	—	—	—	17
Erysipelas ...	—	—	—	—	—	—	—	—	—	2	2	—	1	—	1	2
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Other Infectious Diseases Notified.

Diseases	Age Group								Quarterly Incidence				
	Age Un-known	Under 5 yrs.	5-14	15-44		45-64	65+	Total	1st	2nd	3rd	4th	Total
Acute Pneumonia	—	—	2	—		1	—	3	1	1	1	—	3
Acute Encephalitis (infective)	—	—	—	—		—	—	—	—	—	—	—	—
		Under 5 yrs.	5-14	15-24	25-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory		—	—	1	1	2	1	5	1	2	2	—	5
Other forms		—	—	—	—	—	—	—	—	—	—	—	—

Tuberculosis

There were 5 cases notified, all pulmonary (4 male, 1 female). The T.B. Register showed a reduction of current cases to 88 male, 67 female pulmonary and 14 male, 12 female non-pulmonary. The 1963 *Annual Report* gave 25 years notifications of pulmonary tuberculosis.

The rate for 1965 was 1.5 cases of pulmonary tuberculosis per 10,000 population, compared to 3.1 in 1964.

Food Poisoning and Salmonellosis

At least one family brought back from the Iberian peninsula more than was intended, and required investigation following the admission of a 15 year-old boy to the Infectious Diseases Hospital with *Salmonella Typhimurium* enteritis. One parent was found to be a symptomless case, the other had suffered enteritis but was clear of infection. The boy proved difficult to clear of his infection.

In late October an outbreak of illness occurred amongst pupils and staff of a girls' school involving 42 out of 425 pupils and staff. The symptoms were dizziness, bellyache, and vomiting, with diarrhoea in some of the cases, and mild fever in a few. The involvement of the investigating medical officer 48 hours after visiting the school, with a relapse 10 days after that, added to the clinical picture. A member of the staff gave a history of similar illness in her family and herself, the first family case occurring in mid September, with one relapse case in mid October and involvement of the staff member in a second attack as part of the outbreak. In no case were pathogens isolated from stools and stools submitted for virus investigation proved negative. Three hundred and eighty out of 400 pupils took school meals. Three of the kitchen staff suffered in the outbreak. Twenty out of the 31 school girls involved came from outside the City and travelled by bus or otherwise. This represented a much higher incidence of cases amongst the girls from outside than from within the City, and the significance of this was thought to be that mild illness was only a deterrent to school attendance where use of public transport involved a period of personal uncertainty. Judging from the lower apparent incidence in girls from nearby it may well be that mild cases of short duration were unreported in City pupils, and that the outbreak involved many more than the 42 cases. The three members of the kitchen staff were not ill enough to be off work. Six teachers, the school secretary and the school caretaker were involved and this proportion of eleven adults was much higher than the apparent incidence in school girls, which suggests that the outbreak in the family of a member of staff could have been the origin of the unidentified cause, presumed from lack of other evidence to be a virus.

Dysentery

An outbreak of sonne dysentery occurred in a local service establishment. Following the infection of a visitor who dined once in the mess investigation disclosed that eleven out of 29 personnel using the mess were infected with sonne dysentery. The organism was a strain resistant to sulphonamides. Family contacts in the surrounding districts were followed up in the investigation. The outbreak settled quickly and the source was not proved conclusively.

Virus infection (Coxsackie B5)

No infectious disease respects local authority boundaries and one benefit of the combination of districts under one medical officer of health is that it is possible to see part of a wider picture of disease incidence more clearly.

In April the local doctor in Eastry informed me of cases of mild meningoencephalitis in his practice. Enquiries made to other doctors in the united district disclosed no incidence elsewhere at that time. Six cases were recognised up to mid-April after which the occurrence subsided until late June when four cases were admitted to the Kent and Canterbury Hospital with mild meningitis, diagnosed as lymphocytic meningitis, one a visitor from Maidstone, one resident of Canterbury and two residents of Faversham. Between 9th and 16th July five cases of mild meningitis admitted to hospital were reported in Whitstable and cases not severe enough for hospital admission were mentioned in Whitstable, Faversham and Herne Bay. Cases occurred in children and adults in a school party holidaying in a nearby residential school, who appeared to have brought the infection with them from Orpington, Bexley Heath and Bromley. The doctor at Eastry noticed a recurrence of cases in his practice in early August.

At an early stage of the sequence of cases Dr. Furniss, Medical Director of the Public Health Laboratory, Preston Hall, Maidstone had identified Coxsackie B5 virus as the causal agent. The background to several of the cases was a family history of recent "gastric flu" or heavy cold, especially in children. The clinical picture was of a febrile illness, with sore throat and infected fauces which appeared to settle on the 4th or as late as the 7th day but relapsed with severe headache going on in some cases to severe meningism or actual meningitis. The situation was complicated by the presence of streptococcal tonsillitis in the area. By mid-July eight cases had been admitted to hospital, and many other cases treated by rest and symptomatic treatment at home had cleared up in seven to ten days.

The advice given on preventive measures was based on the assumption that the virus was spread by droplet infection in crowded situations with high humidity and temperature and that faecal contamination of the hands could also spread the infection. It is understood that infection was present in south London, Thames side and the Medway Towns in the same period and that the local situation was part of a much wider incidence with many channels of spread available.

Laboratory Services

Public Health Laboratory—Preston Hall, Maidstone.

Public Analytical Laboratory—South Eastern Laboratory, 1 New Dover Road, Canterbury.

Pathological Laboratory Service—Kent and Canterbury Hospital Laboratory and Preston Hall, Maidstone.

Venereal Diseases

Canterbury (Kent and Canterbury Hospital)—

Male—Tuesday, 3-4 p.m.

Female—Tuesday, 2-3 p.m.

Dover (Royal Victoria Hospital)—

Male—Monday, 4.30-5 p.m.

Wednesday, 4.30-5 p.m.

Margate (General Hospital)—

Male—Friday, 11 a.m.-12 noon.

Female—Friday, 10-11 a.m.

VITAL AND MORBID STATISTICS

Population: Mid-1965—32,560.

Live Births: (Registered)	Male	266	Illegitimate:	Male	21
	Female	262		Female	21
	Total	528		Total	42

Live birth rate per 1,000 population: 16.22.

Corrected (1.07) for comparison 17.35: England and Wales: 18.0.

Stillbirths:	Male	6	Illegitimate:	Male	—
	Female	2		Female	—
	Total	8		Total	—

Stillbirth rate per 1,000 live and stillbirths: 1.5.

England and Wales: 15.7.

Total lives and stillbirths: 536.

Infant Deaths:	Male	5	Illegitimate:	Male	1
	Female	7		Female	2
	Total	12		Total	3

Infant Mortality per 1,000 live births (total): 22.7 England and Wales: 19.0.

Infant Mortality per 1,000 live births (legitimate): 18.5.

Infant Mortality per 1,000 live births (illegitimate): 71.4.

Infant deaths under 4 weeks: Male 4
Female 4
Total 8

Under 1 week: Male 4
Female 3
Total 7

Neonatal Mortality Rate per 1,000 live births (total): 15.1.

Illegitimate live births per cent of total live births: 8%.

Maternal Deaths (including abortions): Nil.

Perinatal Mortality Rate—28. (This figure is the number of stillbirths and deaths under 1 week of age, per 1,000 live and stillbirths).

Deaths: Male 171
 Female 239
 Total 410

Death rate (all causes) per 1,000 population: 12.6.

Corrected (0.80) for comparison: 10.0 : England Wales: 11.9.

Infant Deaths

Cause of death showing age and sex	Under 1 day	to 1 week	to 1 month	to 1 year	Total
Congenital Defects	m	—	f	m f	4
Prematurity	m m f	f f	—	—	5
Haemolytic disease of newborn	m	—	—	—	1
Meningitis	—	—	—	f	1
Cot death	—	—	—	f	1
	5	2	1	4	12

There was no fall in the number of infant deaths. The causes, which in nine out of twelve were in the hard core group of congenital abnormality and prematurity, included three preventable deaths, including one cot death.

All Deaths by Age Groups.

	Under 4 wks.	4 wks. and under 1 yr.	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 and over	Total
Male	4	1	1	1	1	2	8	12	28	54	59	171
Female	4	3	1	—	3	1	2	8	24	54	139	239
TOTAL	8	4	2	1	4	3	10	20	52	108	198	410

Causes of Death	1963	1964	1965
Tuberculosis of Respiratory System ..	1	—	1
Tuberculosis, Other Forms	—	—	—
Syphilitic Diseases	—	1	—
Other infective and parasitic diseases ...	—	1	—
Malignant Neoplasm, stomach	6	10	9
Malignant Neoplasm, lung and bronchus ...	13	21	19
Malignant Neoplasm, breast	6	4	5
Malignant Neoplasm, uterus	1	3	1
Other malignant and lymphatic neoplasms	27	28	35
Leukaemia and Ateleukaemia	4	—	2
Diabetes	1	3	1
Vascular Lesions of Nervous System ...	57	67	72
Coronary Disease, Angina Pectoris ...	83	80	76
Hypertension with Heart Disease ...	9	13	8
Other Heart and Circulatory Diseases ...	84	69	68
Influenza	4	—	—
Pneumonia	40	22	21
Bronchitis	21	28	23
Other Disease of Respiratory System ...	1	2	4
Ulcer of stomach and duodenum ...	2	4	2
Gastritis, Enteritis and Diarrhoea ...	2	1	1
Nephritis and Nephrosis	5	8	3
Hyperplasia of Prostate	2	1	2
Pregnancy, Childbirth and Abortion ...	—	—	—
Congenital Malformation	4	5	5
Other defined and ill defined diseases ...	24	39	41
Motor Vehicle accidents	6	3	4
All other accidents	7	8	4
Suicide, Homicide and War	5	6	3
TOTAL ...	415	427	410

REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1965

Public Health Department,
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the annual report on the health inspection services carried out in 1965.

In previous reports I have referred to the progress made in the removal of unfit houses in the City. This year I am pleased to be able to say that the end of the lists of unfit houses prepared in 1956 and 1963 is now in sight and should be reached in 1966. There will remain to be dealt with at some later date the properties which are considered not to have the 15 years of life to qualify for improvement grants. In the immediate future it is proposed to spend more time on the repair and modernisation of properties built in the 1880-1910 period. These are the properties which lack such essential amenities as baths and indoor sanitation, etc., and if there has not been regular maintenance, these houses will become the unfit properties of the future if restoration and improvements are not carried out.

A new branch of work begun during the year followed the Council's participation in the national scheme for the measurement of atmospheric pollution organised by the Department of Scientific and Industrial Research and now operated by the Ministry of Technology. The amount of smoke and sulphur dioxide in the atmosphere is measured daily at three points in the City and ultimately information will be accumulated which will show whether the amount of these substances is increasing. The figures will also provide a basis for comparison with the conditions prevailing in areas similar to Canterbury.

I should like to record my indebtedness to the Chairman and Members of the Sanitary and Licensing Committee and Housing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Chief Public Health Inspector.

General Statistics.

Complaints received and investigated 445

	Houses	Food Premises	Offices and Shops	Factories
Number of visits	2,419	1,427	693	36
Defects remedied	127	142	72	3
Informal Notices sent	47	35	71	1
Formal Notices sent	7	—	—	—

Prosecutions:

For selling milk 10% deficient in fat. Cowkeeper fined £15 and £5 costs.

For selling mouldy bread. Baker fined £25.

Warnings:

For selling bread roll containing string.

For selling cake containing a piece of chalk.

For selling bread crumbs containing chewing gum.

Two for selling meat pies containing bovine hide.

For selling brown bread and butter showing traces of mould.

Two for selling mouldy bread rolls.

For selling packet of flour containing fragments of paper and wood.

For selling breakfast food containing insect "webbing".

For selling a sausage containing a piece of cotton fabric (not a bandage).

For selling chocolates infested with cocoa moth.

For selling meat pie containing piece of plastic sealing tape.

Two for minor contraventions of the Fertilisers and Feedingstuffs Act, 1926.

Housing Acts

Number of new houses/units erected in 1965:

1. By the Council	38
2. By private enterprise	160
	<hr/>
	198
Houses demolished	38
	<hr/>
Net increase	160
	<hr/>

Number of houses in respect of which:

(a) Demolition orders were made	4
(b) Closing orders were made	10
(c) Undertakings not to use for human habitation were accepted	—

(d) Closing orders were determined after houses had been made fit	...	...	...	...	...	...	2
Houses repaired as a result of informal action	...	...					45
Houses repaired after the service of Statutory Notice under Public Health Act	...	...	...	...	...	...	1
Houses repaired after service of formal notice under Housing Act—							
(a) by owners	...	...	...	...	...	...	—
(b) by Council in default of owner...	...	...	...	...	...	...	—

Three hundred and eighteen routine housing inspections were made and where the house lacked essential amenities the question of improving the house was discussed with the occupier, but there was little response from owners of rented houses. Four of the houses had items of disrepair and the defects received attention without the service of statutory notices.

No case of overcrowding came to light during the year.

There is fortunately no sign of large-scale multiple occupation producing the bad conditions found in some towns. There is on the other hand a substantial amount of letting of one or two rooms and a considerable number of large houses have been split up to provide small units of accommodation. Most of this accommodation is of a good standard.

There are no common lodging houses in the City.

Improvement Grants

The applications for Discretionary Improvement Grants are investigated and the houses inspected to ascertain state of repair. Seven houses were inspected and in all the cases the owners were asked to carry out repairs.

Fifty-four applications for Standard Grants were received during the year.

The Standard Grant scheme is administered by this department and the authority given by the Council for me to approve grants where the statutory conditions are fulfilled has reduced the time between application and approval to a minimum. Approval is usually given within a fortnight.

Forty-three of the 54 applications for standard grants were in respect of owner/occupied houses. This follows the pattern of previous years.

A point made in previous reports was the reluctance of owners of rented houses to carry out improvements and the Housing Act 1964 now gives the Council the power to require the provision of the five standard amenities:—bath, wash-hand basin, hot water supply, indoor W.C. and larder in one of two ways. These are (a) where the tenant of a house outside an improvement area makes a written application to the Council for improvements to be carried out, and (b) where the local authority establishes an improvement area and takes steps to secure the improvement of all rented houses in the improvement area.

An inspection which started in 1964 of 539 houses built mainly

in the 1870-1900 period in a compact area in Wincheap was completed in 1965. In every case where a house lacked the standard amenities the improvement grant scheme was explained to the occupier and a summary of the inspections is as follows:—

Owner-occupied Houses:

With standard amenities	295
Without standard amenities	69

Rented houses:

With standard amenities	58
Without standard amenities	117

Sixty-one of the 117 tenants without standard amenities said that they were willing to pay an increase in rent if the owners improved the property.

The 69 owner-occupiers of houses lacking amenities were also told that an application could be made to the Council for a loan to cover their part of the cost. Fourteen of the 69 owner-occupiers have since applied for improvement grants.

Six owners of rented houses applied for improvement grants and six houses were sold to tenants following the notification to the owners that an inspection had been made and that the tenants would like to have improvements carried out. Consequently the original figure of 61 tenants referred to in the summary was reduced to 49.

The Council after considering the report on the area of 539 houses wrote to the tenants of the 49 houses who had said at the time of the inspection that they were willing to pay extra rent for improvements, to invite them to make written application for improvements to be made. Only 8 of the 49 tenants made a written representation and later 2 of the 8 withdrew their written application, it is believed after discussing the matter with the owner. Preliminary notices were served upon the owners in respect of the remaining 6 houses.

At first it was difficult to understand why 49 tenants should express verbally a desire for improvements and yet not be prepared to put this in writing. Enquiries revealed two factors which could be the answer, or at least partly the answer. First, the case of 3 bedroom houses not fully occupied and where the tenants were willing to pay the twelve shillings or so rent increase following the conversion of the third bedroom into a bathroom, but the owner would not agree to reducing the bedroom accommodation. He would, however, agree to extending the premises to provide a bathroom which would increase the rent by a £1 or so a week and this some tenants considered to be beyond their means. The second factor is the reluctance of some tenants to do anything which they think might antagonise the landlord and perhaps lead to eviction. Although we have attempted to explain to tenants their rights and obligations, some tenants still adhere to their mistaken belief.

Three other tenants not in the area previously mentioned made

written representations to the Council and the cases were under consideration at the end of the year.

Unfit Housing Programme

The first list of unfit houses prepared in 1955 contained 632 houses and the second list accepted by the Council in 1964 contained 149 houses, a total of 781. Six hundred and thirty-eight had been dealt with at the end of 1965 and 516 were included in clearance areas. As a result of the detailed inspection of the 638 houses, 29 were re-classified as fit. These were included as "grey" houses in compulsory purchase orders and consequently bought.

Of the houses on which closing orders were placed, 83 have been demolished, 4 are now used for purposes other than housing and 52 have been modernised and re-occupied. Most of these have been improved well beyond minimum standards and show what can be done when both ideas and money are adequate.

Ninety-seven properties remain on the lists of unfit houses and 20 are vacant. Most of the remaining 77 occupied houses will be dealt with under closing order procedure. Consequently not all will be demolished as it is probable that many of them will be restored and equipped with modern amenities to provide good housing accommodation.

Two clearance areas of 21 houses represented in 1964 were confirmed without modification in 1965. A public inquiry was held in respect of 3 areas of 14 houses represented in 1964 and in respect of which 9 appeals had been lodged. The orders were confirmed without modification.

In 1965 5 clearance areas involving 53 houses were represented and all are being dealt with under compulsory purchase order procedure.

In the eleven year period 1955-1965, 1,166 persons have been re-housed by the Council from houses dealt with under the Housing Acts.

Rent Act, 1957

	1965	<i>Total to date</i>
No. of applications for certificates	1	139
No. of decisions not to issue certificate	—	1
No. of decisions to issue certificates	1	138
(a) in respect of some but not all defects	1	103
(b) in respect of all defects	—	35
No. of undertakings given by landlords	1	40
No. of undertakings refused by local authority	—	—
No. of disrepair certificates issued	—	90
No. of applications by landlords to local authority for cancellation of certificates ...	—	47
Objections by tenants to cancellation of cer- tificates	—	16
Decision by local authority to cancel in spite of tenant's objections	—	—

Certificates cancelled by local authority ...	—	34
No. of certificates invalid owing to tenant leaving or house demolished ...	—	44
No. of certificates in operation at end of year	—	12

Water Supply

The Canterbury and District Water Company own the water undertaking and maintain a very satisfactory supply both as regards quality and quantity. Every house in the area has a piped supply of town's water inside the house.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by Company's sampling would be disclosed.

The Company carry out bacteriological tests three times weekly of the raw water and an independent analyst carries out bacteriological tests monthly and chemical analysis quarterly. All the samples were satisfactory.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 278 parts per million of which 240 is temporary (*i.e.*, deposited on boiling).

Six samples of water from houses in various parts of the area were sent for bacteriological examination and chemical analysis and all were of excellent quality. The bacteriological examinations showed that *B. Coli* presumptive were absent in 100 c.c.s.

There is no plumbo solvent action in the town's water and the fluorides are insignificant.

Three samples of water were obtained from the Local Education Authority swimming pools for bacteriological examination and three for chemical examination—all were satisfactory. Frequent checks were also made with the Department's own testing apparatus.

Improvements to the Westgate Gardens' paddling pool were carried out during the year. A wall dividing the paddling pool from the boating pool was constructed, mains water was laid on, a new chlorination and filtration plant was installed, but not in time to be used during the season. It is hoped that the plant will be in full operation during the 1966 season. Chlorination by means of adding, by hand, chemical containing chlorine was carried out during the year. A careful check by using the Department's testing apparatus was kept on the pool to ensure that free chlorine was always present in the water and to ensure that the water was satisfactory from a bacteriological point of view.

Samples of water taken from the storage tanks at Eliot College, University of Kent at Canterbury, showed that the bacterial count was too high. The University authorities immediately took action to have the tanks chlorinated and subsequent samples were found to be satisfactory.

Food Supplies

Mr. J. H. E. Marshall, M.A., F.R.I.C. was our Public Analyst throughout the year.

Seventy-eight formal samples and 57 informal samples were submitted for chemical analysis:—

<i>Article</i>	<i>No of Samples</i>	
	<i>Formal</i>	<i>Informal</i>
Milk	22	10
Channel Island Milk	23	2
Pork sausages	5	—
Drugs	—	4
Dried apricots	5	—
Orange drink	—	5
Blackcurrant syrup	—	2
Ice cream	—	3
Sardines	—	2
Baby foods	—	11
Blackcurrant health drink	—	3
Dairy cream cakes	3	—
Mineral waters	—	8
Butter	3	—
Margarine... ..	3	—
Whisky and gin	6	—

and one each of the following:—pork luncheon meat, self-raising flour, porridge containing cream, lemonade shandy, canned cherries, milk chocolate, tomato paste, dairy ice cream, sweets, creamed rice pudding, creamed cheese spread, salmon and shrimp paste, pork and chicken sausages, frankfurter sausage and creme de Foie a L'Armagnac pun porc.

All except 7 were satisfactory, and these were:—

- Sample 2222. Ferri et Ammon. Cit. Contained 45% excess of ferri. et ammon. cit. Warning letter sent.
- Sample 2233. Dried apricots. Contained 2,240 p.p.m. sulphite preservative against a maximum of 2,000 p.p.m. Warning letter sent.
- Sample 2263. Milk. 10% deficient in fat. Cowkeeper fined £15 and £5 costs.
- Sample 2265, 2268, 2269. Channel Island Milk from same cow-keeper and slightly deficient in fat. Cowkeeper warned.
- Sample 2316. Margarine. The size of the letters in the brand name required the letters in the word "margarine" to be $\frac{3}{8}$ in. high. In fact they were only $\frac{1}{8}$ in. Letter to manufacturer.

Forty-nine of the 57 samples of milk submitted for the usual chemical analysis were also checked for the presence of antibiotics. None was found.

The average composition of the samples of milk was:—

	<i>Fat</i>	<i>Solids Not Fat</i>
Milk (other than Channel Islands milk)	3.69%	8.73%
Channel Islands milk	4.72%	9.03%
The minimum standards are:—		
Milk	3.0%	8.5%
Channel Islands milk	4.0%	8.5%

Sampling is mainly confined to items of food, but the Council's public health inspectors are authorised to take samples of drugs. It is safe to assume that when the first food and drugs act was passed 90 years ago, that drugs at that time were comparatively simple compared with the complex and very wide range found in pharmacists' premises today.

It has been suggested during recent years that more attention should be given to drug sampling by the local authorities, but there are several factors which would seem to preclude this being done as effectively as food sampling. First, there are many drugs which are sold only against a doctor's prescription, and to use a doctor's prescription to obtain such drugs, or even other drugs, is held by some to be unethical and to create a feeling of resentment amongst chemists. Of course it can be argued that because something is considered to be unethical it should not deter an inspector from sampling. On the other hand if the inspector announces his identity before asking for a drug probably kept in the dispensing room at the rear of the shop, can he be sure that he obtains the drug available to the ordinary purchaser? It should not be inferred from my remarks that I have suspicions that any pharmacist is acting dishonestly, but all inspectors have at some time or other met the grocer who offers another packet of food to the one on sale on the counter, to say nothing about the publican who prefers the sample to be taken from another bottle of whisky.

There is a system of sampling medicines and drugs by officers of the National Health Service and if local authority inspectors were to become more deeply involved in sampling at pharmacists' premises it could lead to duplication of sampling.

The nomenclature applied to food and its labelling is becoming more complicated and the question arises, has not the time come for the sampling of medicines and drugs to be looked at again in the light of changed circumstances? Perhaps the answer is to leave the sampling of drugs and medicines found in retail chemists to be done by specially qualified officers employed by a central body, and to leave the food sold in chemists' shops and the simple remedies sold in general shops with the local authority inspectorate.

Public Health (Preservatives in Food) Regulations

All the samples in the preceding table were examined for preservatives and all except one were satisfactory. The adverse report concerned an excess of sulphite preservative and a warning was issued.

Food Hygiene

Types of food premises in the area:—						<i>Inspections</i>
Schools and Works' Canteens	...	...	23	}		352
Restaurants and Cafes	...	...	68			
Butchers	...	...	32			126
Bakers and Confectioners	...	...	18			75
Grocers	...	...	76			294
Fried Fish Shops	...	...	6			33
Wet Fish Shops	...	...	8			20
Sweet Shops	...	...	38			47
Licensed Premises	...	...	81			121
Greengrocers	...	...	24			61
Dairies	...	...	3			159
Market and mineral water factory	...	...	2			72

Number of registered premises:—

Dairies	...	...	...	...	...	3
Premises from which bottled milk is sold	...	...	...	...	...	55
For the manufacture of ice cream	...	...	...	...	...	4
For the sale and storage of ice cream	...	...	...	...	...	106
For the preparation of sausages or processed food	...	...	...	...	...	39

The number of complaints regarding the irregularities in food continues to increase. All complaints are thoroughly investigated and the actual manufacturers of the food concerned as well as the shop retailer are communicated with. The object of the exercise must always be to prevent a recurrence. Some of the more interesting cases are listed below.

1. A tin of minced beef in which the complainant had discovered what she thought was the foot of a rat. On examination the object was found to be part of the mouth of a bovine animal with some papillae attached. The matter was taken up with the canners concerned who gave an undertaking not to use meat from the heads of bovine animals in future.
2. Tinned black cherries. The complaint concerned an insect found in the contents of the tin which came from Yugoslavia. The Public Analyst reported that the insect was in fact the larva stage of some fly. The retailer concerned immediately withdrew all the tins from sale and they were destroyed.
3. Bread roll containing a piece of cotton. On investigation it was found that the piece of cotton came from a moving belt, at the bakery, which had become worn. The firm concerned made immediate arrangements to fit a new belt to the machine. In this case a warning was issued.
4. Part of a cake containing a piece of a stick of chalk. The Public Analyst was unable to determine whether or not the chalk had been in the cake before baking. A warning was issued.
5. Bread crumbs containing a piece of chewed chewing gum and some chewing gum wrapping. The bread crumbs had been delivered to a school kitchen. A warning was issued.

6. A steak and kidney pie containing a piece of hair. The Public Analyst reported that the meat used in this particular pie had been insufficiently trimmed. A warning was issued.
7. Savoury slices containing a foreign body. This was found to be part of the mouth of a bovine animal. The firm concerned decided as a result of this complaint to change their meat supplier. A warning was issued.
8. Three slices of brown bread and butter, purchased by a visitor to the town from a local restaurant, which were mouldy. On investigation it was found that at that part of the restaurant where bread was sliced and buttered the lighting was poor. At our suggestion the management improved the lighting at this point. A warning was issued.
9. Nine out of ten rolls sold in a plastic bag bearing evidence of mould. A warning was issued.
10. Cherries with peculiar taste. The complainant suspected that the cherries were contaminated with a pesticide. The Public Analyst reported that the cherries were free from toxic ingredients and the level of pesticide residue was satisfactory.
11. A bag of bread flour containing foreign bodies. The foreign bodies were mainly pieces of newspaper. On investigation it transpired that it was the practice of the firm concerned to repack broken bags on the premises. After advice was given to the firm this practice ceased.
12. A packet of breakfast cereal containing foreign bodies. The foreign bodies in this case were parts of insects and insect webbing. Similar packets bought from the same shop were found to be satisfactory. Investigation showed that the cereal had been packed three years previously. A warning was issued.
13. Tomatoes. The complainant thought that the tomatoes were contaminated with a pesticide. The Public Analyst reported that the tomatoes were satisfactory.
14. Sausage containing a piece of cotton gauze. The Public Analyst reported that in his opinion the gauze was not part of a bandage. Investigation suggested that it was part of a hygienic hand cloth issued to operators in the factory. A warning was issued.

15. Chocolates infested with cocoa moth (*Ephestia Elutulla*). There was doubt in this case as to where the actual infestation took place but a warning was issued to the retailer.
16. A meat pie containing a piece of plastic sealing tape. Investigation showed that it was part of the plastic sealing tape used for labelling the boxes in which pies were delivered. A warning was issued.

During the year an investigation was carried out into the efficacy of cleaning milk dispensing machines. These machines are hired by the Milk Marketing Board to restaurants, snack bars and similar establishments. The machine consists of a transparent perspex container holding several gallons, a small compressor for chilling the milk and a rotary arm for agitating the milk. These appliances look very attractive and are an obvious inducement to the public to drink more milk. Milk is dispensed by means of a tap into a glass tumbler or other container. It was decided to use the methylene blue test to indicate the efficacy of cleaning methods. It was found that in many cases the machines were not being cleansed and sterilised as recommended by the Milk Marketing Board. The Inspectors spent some time in instructing the various people concerned in the best methods of cleaning and sterilising the machines to ensure that the public obtained clean milk. Subsequent samples showed that an improvement had taken place.

It was interesting to note during the year that more butchers' shops were installing refrigerated display cabinets and even the smallest grocery shop has a deep freeze cabinet for frozen foods. It has been found that there is often serious misunderstanding about the functions of a refrigerator, especially the ordinary domestic type. The refrigerator will not keep food indefinitely, neither will it make bad food good. It will preserve for a limited time, but it will not improve food. Many people appear to think that the solution to all food preservation problems is to "put it in the fridge".

It has been pleasing to note during the year improvements in some restaurants, one in particular which for many years appears to have had a precarious existence in selling a few cheaper type of lunches and cups of tea has been converted and improved at considerable expense into a much more attractive establishment. A point we have endeavoured to emphasise to restaurant proprietors is that not only should they provide sanitary accommodation for both male and female customers but such accommodation should be scrupulously clean, well lit and attractive. It is considered that the standard of sanitary accommodation reflects the general hygiene standard of the establishment. This is important too in the case of sanitary accommodation for employees in food premises. It is of little avail for Public Health Inspectors to ask, lecture, implore and demand food handlers to wash their hands after using the toilet if the W.C.s, wash hand basins and towels are in an unattractive condition.

Inspection of Food

Meat from the Council owned abattoir is distributed over most of Kent and into adjoining counties.

During the last eight years meat has been exported from time to time to West Germany, Belgium, Holland and France, but the export approval was withdrawn in 1965. Six of the reasons put forward for this do not present serious obstacles, but it is difficult to understand the requirement that there now must be separate refrigeration space for export meat.

From the following summary it will be noted that there has been a reduction in the number of sheep slaughtered; a slight increase in the number of cattle and more than a 15% increase in the number of pigs.

	Cattle Exclud- ing Cows	Cows	Calves	Sheep	Pigs
Number killed	7,076	1,125	1,309	20,333	22,534
Number inspected	7,076	1,125	1,309	20,333	22,534
Figures for 1964	6,737	1,159	1,737	22,710	19,568
Figures for 1963	7,460	1,035	1,746	20,921	17,421
All diseases except T.B. and Cysticercus bovis					
Whole carcasses condemned	1	8	26	88	33
Carcasses of which some part or organ was condemned	2,776	517	11	2,389	5,953
Percentage of the number inspected affected with diseases other than T.B. or Cysticercus bovis ...	39.23	46.66	2.83	12.18	26.54
Tuberculosis only					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	6	7	—	—	634
Percentage number inspect- ed affected with T.B. ...	.08	.62	—	—	2.81
Cysticercus bovis					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	11	—	—	—	—
Percentage of the number inspected affected with Cysticercus bovis ...	.15	—	—	—	—

CARCASES FOUND TO BE UNFIT.

(B=Bovines, C=Calves, S=Sheep, P=Pigs).

	B	C	S	P
Septicaemia/Pyæmia	2	11	—	11
Septic Pneumonia/Pleurisy/Peritonitis Pericarditis/Metritis	2	4	5	10
Pregnancy Toxaemia	—	—	5	1
Anaemia	—	—	1	—
Leukaemia... ..	—	1	—	—
Lympho-sarcoma	—	—	—	1
Jaundice	—	—	—	1
Multiple Tumours	1	—	2	—
Arthritis	—	—	—	2
Moribund	1	4	2	2
Emaciation and Oedema... ..	3	1	66	4
Extensive Bruising	—	—	3	—
Injuries with complications	—	—	—	1
Immaturity	—	4	4	—
Decomposition	—	1	—	—
TOTALS ...	9	26	88	33

Parts of carcasses and offal found to be unfit on account of:—

Tuberculosis	7,135 lbs.
Fascioliasis	34,902 lbs.
Cirrhosis	1,350 lbs.
Abscesses	6,497 lbs.
Pneumonia, Pleurisy, Pericarditis and Peri- tonitis	4,367 lbs.
Actinomycosis	1,533 lbs.
Cysts and parasites	10,289 lbs.

Cysticercus bovis	...	...	...	...	343 lbs.
Miscellaneous	...	...	...	...	10,132 lbs.
					<hr/>
Weight of carcasses condemned	...	...	...	...	76,548 lbs.
					12,532 lbs.
					<hr/>
Total weight	...	...	...	...	89,080 lbs.

A detailed examination of every bovine carcass was made to discover the presence of cysticercus bovis, which is the larval state of the tape-worm *Taenia saginata* found in man. Eleven localised infestations (0.13% of bovine animals slaughtered) were found and an analysis of these cases is as follows:—

	Cows	Heifers	Steers	Bulls
Site of lesion:—				
External Masseter	—	1	4	—
Internal Masseter	—	2	2	—
Heart	—	1	—	—
External Masseter, Heart and Diaphragm	—	—	1	—

Percentage of animals affected by tuberculosis based on the total number of animals entering the abattoir.

	Cattle excluding Cows	Cows	Pigs
1965	0.08	0.62	2.81
1964	0.68	3.88	2.36
1963	0.25	1.06	2.39
1962	0.55	2.22	2.94

During the year 65 cattle which had reacted to the tuberculin test carried out by the Ministry veterinary surgeons were sent in for slaughter. Although this represents a substantial reduction on last year's figure of 139, it should be borne in mind that this figure was inflated by the inclusion of 80 animals from 4 farms, whereas this year's figure of 65 represents, in the main, animals from individual farms.

If the number of reactor cattle were excluded from the above figures the incidence rate of normal entry cattle would be:—

Cattle excluding Cows	0.06%
Cows	0.28%

It will be seen that a few normal entry cattle have been found to have had tuberculosis but for the first time no whole carcasses have had to be condemned for this disease. When a bovine animal, other than a reactor sent in for slaughter is found to have any evidence of tuberculosis the meat inspectors immediately initiate enquiries to trace the farm from which the animal came. If the animal had been bought at a market the animal's hide has to be examined to find the lot mark, the ears are examined for the animal's number and the auctioneers are contacted. The Animal Health Division is notified by telephone and they arrange an immediate visit to the farm concerned.

In last year's report mention was made of how the meat inspectors co-operated with various bodies in the investigations into animal diseases and into the relationship between animal and human diseases. Co-operation with the London School of Hygiene and Tropical Medicine continues on sarcocysts. Glasgow University have, during the year, asked for co-operation into an investigation into lymphosarcoma and the meat inspectors have been pleased to help in this project. Help is also being given to two other organisations. One investigating muscle fatigue and another investigating epizootic pneumonia in pigs.

The meat and other food found to be unsound on inspection in food shops amount to 6,897 lbs.

Meat	1,227 lbs.
Canned Meat	1,767 lbs.
Fish	12 lbs.
Canned fish	380 lbs.
Other foods	3,511 lbs.

The unsound meat from the Abattoir, with the exception of pork which is converted into fertiliser, is sold to a pig keeper, who has undertaken to boil the meat before feeding it to his pigs. This pig farm is not in the City area, but the local authority concerned is aware of the arrangements. The unsound tinned food and fish is buried on the controlled refuse tip.

During the year a matter which had been outstanding since 1964 was finally concluded. This concerned a consignment of 354 3lb. tins of tongue meat which had been delivered to various school kitchens in the area. During 1964 we had become increasingly suspicious of this meat owing to the number of tins which were blown and especially when the meat from apparently sound tins was found to have an abnormal odour. A considerable number of tins were sent to be bacteriologically examined and as a result of the report from the director of the Public Health Laboratory it was decided to advise the School Meals Service that the meat should not be used. It was subsequently ascertained that the firm who distributed the tins had a much larger stock of tins in London and the results of our enquiries were given to the local authority concerned. The Ministry of Health was also informed. From further enquiries it was ascertained that the meat was canned in this country.

It was decided to collect all the tins from the various school

kitchens and store them in this department so that none should be inadvertently used.

The firm responsible was invited to surrender the tins for destruction. Nothing came of this and in March the tins were submitted to a Justice of the Peace who condemned them as he was satisfied that the heat treatment of the tins had not been effective, and ordered that they should be kept in safe custody until such time as an order for their destruction would be issued. The reason for this was that lawyers acting for the various interested parties had intimated to the Justice that a civil court action might be taken. No such action was taken, and in October the Justice of the Peace ordered the destruction of the tins which was carried out by this department.

It was subsequently learned from the local authority in London that 3,839 similar tins had been condemned by a Metropolitan Justice of the Peace.

Milk

There are 5 milk retailers in the City and 55 general shops are registered for the sale of pre-packed sterilised and/or pasteurised milk.

All the milk sold by retail, with the exception of a few pints of untreated farm bottled milk sold by a producer-retailer, is either pasteurised or sterilised. The untreated milk comes from an adjoining district, and as the authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry out any testing for the presence of tubercle bacilli and *Brucella abortus*.

One firm using a H.T.S.T. plant is licensed by the City Council to pasteurise milk. Thirty-eight samples of bottled milk were obtained to check (a) the pasteurising process (phosphatase test) and (b) the keeping quality at the point of delivery to the retailer (methylene blue test). All the tests were satisfactory.

Unfortunately not such a satisfactory state of affairs exists when the milk is sold loose from dispensing machines in cafes, etc. Ten out of 12 samples failed the keeping quality test and an investigation which was proceeding at the end of the year indicated that faulty sterilization of the milk vessels was mainly responsible.

Thirty washed bottles at dairies were submitted to bacteriological examination and 27 gave satisfactory results.

The testing of farm milk before delivery to the distributor for the presence of antibiotics was continued and 49 samples were obtained. No antibiotics were found.

The local dairy which began bulk tank collection of milk in 1963 from Kent farms for part of their supply made further progress in this direction. This method of transferring milk from the producer to the distributor is beneficial in two ways (a) there is no noise from churn handling and (b) bacterial contamination from churns is eliminated.

Milk in Schools Scheme

All the milk sent to schools under the control of the Education Committee has been pasteurised and the samples obtained satisfied the tests.

Milk (Special Designation) Regulations

The following licences granted by the City Council were in operation at the end of the year:—

To pasteurise milk	...	...	...	...	...	1
To sell pre-packed pasteurised/sterilised milk	...	...	...	...	...	55

Ice Cream

Of the total of 52 methylene blue samples taken during the year, 48 were graded in the category I or II and 4 in the category IV. This is a considerable improvement on the previous year although it should be borne in mind that ambient temperatures were not so high. All the Grade IV samples were found to be due to faults in the cleaning and sterilising of service equipment and after advice had been given better results were obtained. All the samples of ice cream manufactured locally were Grade I. Classification of the 52 samples submitted to the methylene blue test for bacterial cleanliness was as follows:—

		<i>Figures for comparison</i>			
		1965	1964	1963	1962
Grade 1	...	44	38	33	39
Grade 2	...	4	6	7	10
Grade 3	...	—	13	1	5
Grade 4	...	4	8	—	4

Public Houses

All the public houses have proper glass washing facilities and efforts were made during the year to have the obsolete and insanitary tarred wall urinal accommodation re-placed by modern fittings. Ten houses were improved during 1965 leaving 7 still outstanding. Plans have been approved to improve 2 of the 7 early in 1966. Work proposed for one house which will be affected by road widening has been abandoned and efforts will be made to have the remaining 4 improved in 1966.

Health Education

As in previous years, the Inspectors continued to emphasize to food handlers the most important points during visits to food premises. So long as attendance at organised courses of lectures is voluntary and depends upon the employee giving up some of his spare time, it is felt that the best results can be achieved by calling attention to the principles to be observed when the premises are visited.

During the year the Inspectors took part in 3 courses of lectures on food preparation, etc., organised by the local education authority. One course was for persons engaged in catering; one for employees in food distribution and the third was a licensed house training course.

Offices, Shops and Railway Premises Act, 1963

1965 was the first full year of the operation of this important new Act, and much experience was gained of the problems and deficiencies that can arise.

Ninety new registrations were received during the year which, allowing for the number of registered premises that have already been discontinued, brought the number of premises known to be covered by the Act up to 647, with a total of 5,548 persons employed therein. It should be mentioned that many of the new registrations were from existing premises which should have registered during the three-month registration period in 1964. There are probably still a few premises not registered and occupiers of offices and shops are reminded that if they employ persons for more than 21 hours a week they should notify the Local Authority on form O.S.R. 1 if they have not already done so.

265 general inspections were made together with 283 re-inspections and by the end of the year many improvements had been carried out. There were, however, still 212 premises that had not received an inspection, but it is expected that by the end of 1966 all these will have been inspected.

During inspections the most common deficiencies found were lack of running hot water, lack of ventilated lobbies between sanitary convenience and work rooms, lack of artificial lighting in external sanitary conveniences, inadequate space heating facilities, inadequate artificial lighting, lack of handrails on staircases, particularly cellar staircases, defective floor coverings and inadequate guarding of dangerous machines, particularly hand guillotines and food slicing machines. Unlike in 1964 it was found that employers generally seem aware of the requirements to provide small items like thermometers and first-aid boxes.

On 1st June, 1965, the Information for Employees Regulations 1965 came into force requiring that in all premises to which the Act applies an abstract of the Act must be displayed either in poster form (O.S.R. 9) or in booklet form (O.S.R. 9B). Alternatively a booklet (O.S.R. 9A) can be given to each employee by the employer. All these publications which give information about the requirements of the Act can be obtained from H.M. Stationery Office or from local booksellers. In order that employers should be informed of their responsibility to display the abstract, publicity to this and to the necessity to report accidents on form O.S.R. 2 was given via the Chamber of Trade and the local press.

During the last three months of the year the Ministry of Labour asked all local authorities to pay particular attention to lighting of offices and shops and to submit a special report on this subject at the end of the year. The object of this survey was to assist the Ministry in compiling regulations to lay down minimum standards of light intensity and glare. Many visits were made and lighting assessed with the aid of a small light meter, and it was soon realised that there was much room for improvement, particularly in offices. In the absence of legal standards employers were informed that the

standard of artificial lighting in offices should be at least 20 lumens per sq. ft. but they were also advised that the Illuminating Engineering Society recommends at least 30 lumens per sq. ft. for offices. In regard to shops the standard should vary according to the type of trade carried on. It is considered that in order to obtain a good standard of lighting and freedom from glare, fluorescent tubes must be used. It should be mentioned that glare is not caused by a very high intensity of light but by an uneven distribution of light even when the intensity of light is low.

Thirty-two accidents were reported during the year but it was suspected that far more accidents occurred. It is considered that far more publicity will have to be given before employers realise their obligations in this respect. Most of the accidents reported were of a minor nature but it is thought that two accidents should be mentioned.

The first case involved a woman of 33 who had the little finger of her left hand severed down to the first joint by coming into contact with the moving part of a washing machine. The washing machine, which was situated in a small laundry used in connection with a hairdressing business, had a small electric motor at the side, protruding from the top of which was a short shaft on top of which was an unguarded smooth plastic wheel about 2 in. in diameter. When the washing machine was in operation the wheel and shaft revolved at a high speed. The wheel was also used for manual operation when the washing machine was stopped to get the inner container into the correct position for opening. The accident occurred when an overall that the woman was handling got entangled in the shaft and pulled her hand down to the electric motor. After informal consultation with H.M. District Inspector of Factories the occupier of the business was advised to fit over the wheel a piece of hose pipe of such size that it would not revolve but might be squeezed in order to operate the wheel manually.

The other accident involved a woman of 58 who slipped and hurt her leg on a wet open terrace. The woman was taken to the hospital and examined by a doctor but not X-rayed, after which she was taken home. The following week she came into the town on the bus and fell again near the bus station. She was again taken to hospital and subsequently died there as the result of a thrombosis. As there was no definite evidence that the woman's death was in any way due to her first fall the accident was recorded as non-fatal.

Although no accidents occurred involving lift shafts it was noted that they are often inadequately guarded and present a potential hazard both to staff and customers alike.

Noise Abatement Act, 1960

Two complaints relating to a refrigeration plant and an oil-fired hop-drying plant which began in 1964 were satisfactorily dealt with in 1965. The occupiers went to considerable trouble to put into effect our recommendations for sound absorption.

A complaint was received regarding noise from woodworking

machinery which was operating during the evening. Noise level readings were made during the evening but they were found to be below those recommended in the Wilson report on Noise, for the type of area in which the machinery was situated.

The sound level meter which was purchased in 1964 has proved invaluable in dealing with complaints of noise in that it enables a scientific assessment of the noise to be made. Without such an instrument, one is left to rely on aural observation which at best is inconclusive and subject to individual reaction to noise.

During the year 55 noise level readings were made of the noise from a factory working day and night and which was referred to at some length in the reports for 1963 and 1964.

The readings confirmed our previous findings in that there is no nuisance during the day-time but at night-time the readings are only slightly below the noise level at which complaints from an ordinarily reasonable person might be expected.

It is believed that the sound absorbent work carried out by the firm and the replacement of some of the suspect machinery by modern machinery has had the effect of producing a steady noise which is more acceptable to nearby residents. While we know that the level of noise is now less, it is believed that as much, if not more, benefit has come about by the elimination of what may be termed extraneous noises superimposed on the background noise of the machinery.

It is realised that the noise from factories working day and night in areas close to residential property must be kept under review and to do this the use of proper measuring equipment is essential.

Clean Air Act, 1956

During the year three stations for the measurement of atmospheric pollution were set up. One in the Stour Street Clinic, one in the Child Guidance Clinic, London Road, and one in the balcony of the old National School in St. John's Place—the latter two are automatic instruments and it is only necessary to attend to them once a week.

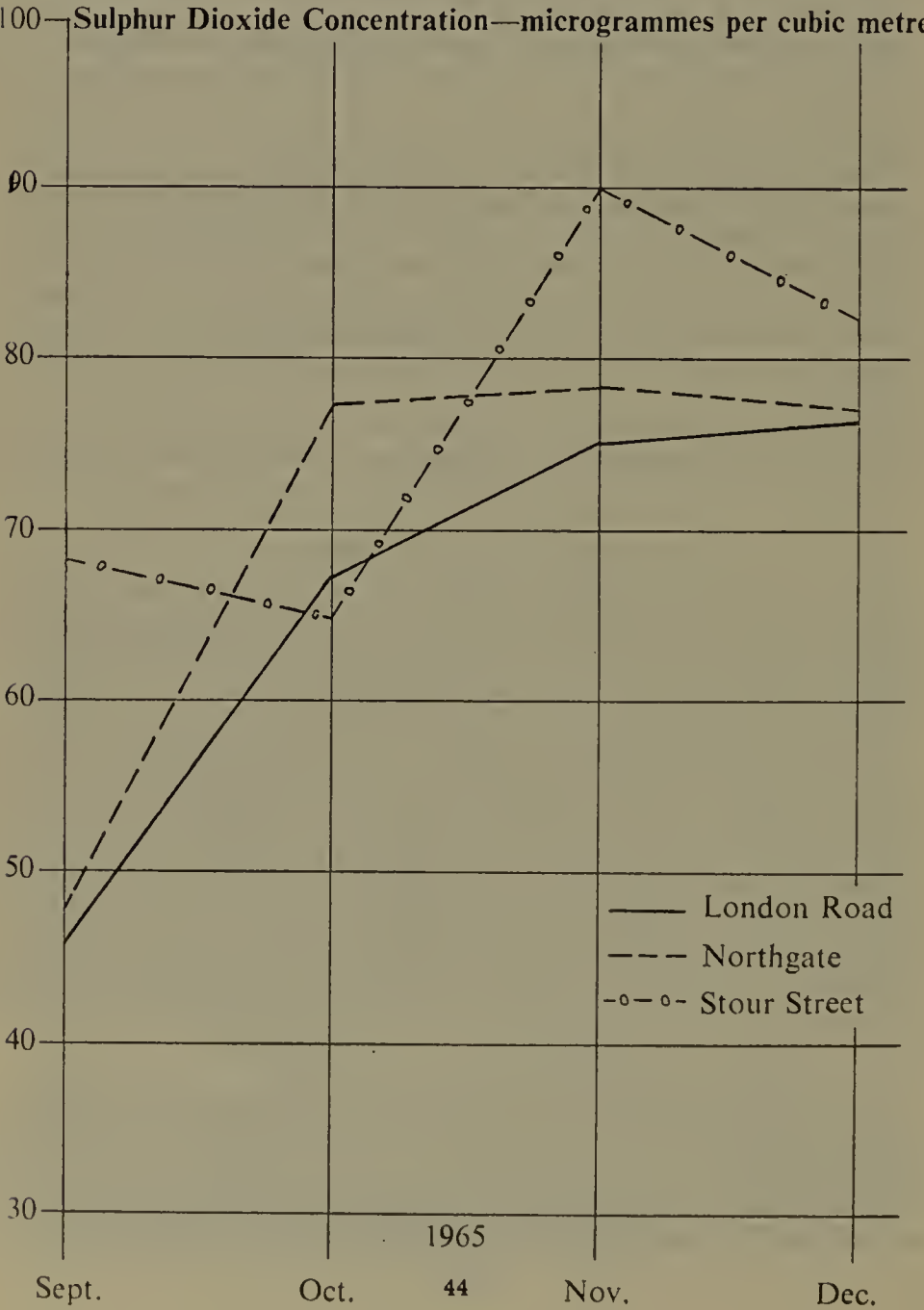
The apparatus consists of a small motor pump which draws in about 70 cu. ft. of air every 24 hours from the outside atmosphere. The air passes through a filter paper and any smoke present is retained on the paper and forms a stain. The drawn-in air is then passed through a dilute solution of hydrogen peroxide where any sulphur dioxide in the air is converted to sulphuric acid. The darkness of the stain on the filter paper depends upon the weight of smoke collected and this is measured by means of a reflectometer. So far as the presence of sulphur dioxide in the atmosphere is concerned this is determined by the titration of the sulphuric acid with a standard alkali solution.

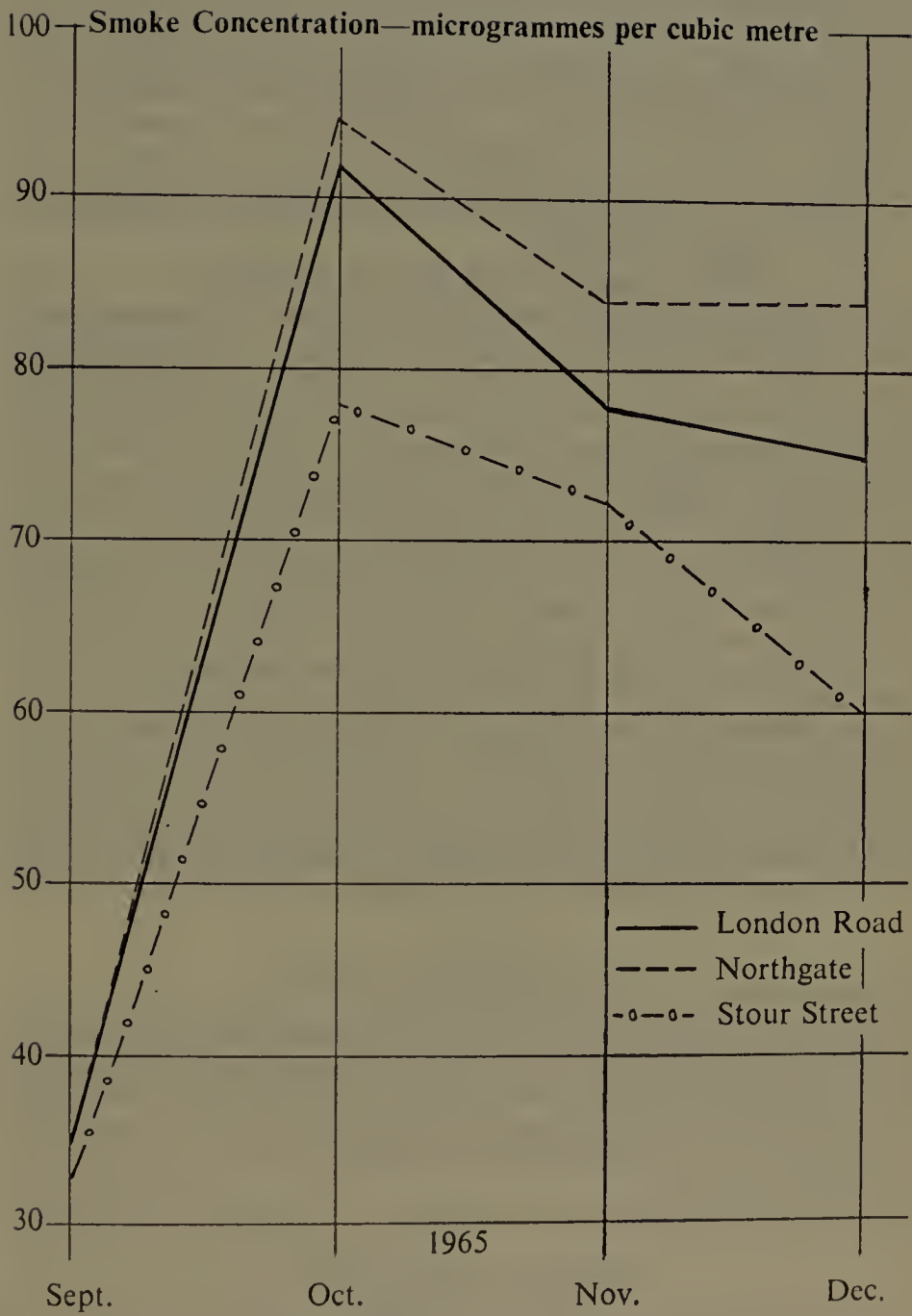
It was decided not to buy ready-made instruments but to buy the component parts and assemble them ourselves with a consequent saving of money.

Participation in the National Survey of Air Pollution was commenced on 7th September, 1965 and the scheme has been functioning

satisfactorily since that date. We are pleased to report that, as the City has no official Meteorological Station, a local school supplied us with weather data and it is hoped that next year the Teachers' Training College will be able to supply us with more detailed meteorological information.

It is too early yet to report on the significance of atmospheric pollution in Canterbury, as reports on comparable periods from other districts participating in the National Survey have not yet been received from the Ministry of Technology. The graphs below show the average daily amount of pollution during the period September-December, 1965.





Feral Pigeons

It is perhaps appropriate to describe these in more detail. Probably most of them are tame pigeons which have gone wild and their progeny, plus the native "blue rocks".

Their numbers appear to have increased during recent years and they congregate where people feed them. One such place is the Longmarket shopping area and the droppings on the pavements is a nuisance and causes slippery conditions creating a hazard for the elderly. There is also the fouling of the roofs and other parts of buildings besides the damage to shop blinds. In addition there is the possibility that pigeons play a part in the spread of histoplasmosis, a disease found in humans.

Some business premises have had work carried out to create uncomfortable perching conditions for pigeons. This merely drives the pigeons on to someone else's property and does nothing to reduce their numbers. Trapping the birds is too slow a process and as poisoning is illegal, the use of narcotic bait which renders the pigeons inactive for a short period so that the birds may be collected and destroyed, has been employed in some towns.

Permission was sought from the Ministry of Agriculture, Fisheries and Food to use narcotic bait, but authority had not been obtained at the end of the year. I would prefer to use this in the middle of winter when there is comparatively little feeding of birds in the dropping areas and consequently a better chance of success with the narcotic bait. The Ministry's staff insist on such bait being used soon after daybreak in June, apparently on the grounds that pigeons in a partial stupor are offensive to some people. If one bears in mind the nestlings starving to death following the destruction of the adult birds in the midst of the nesting season in June, and also the decomposing and blow fly infested nestling carcasses, I have no doubt in saying that on public health grounds alone, that the pigeon flocks should be reduced in size in the non-nesting season.

Public Health Act, 1961

Fourteen certificates were issued under Section 15 where immediate action was necessary by the Council to open up blocked sewers. In these cases the owners of the premises served by the sewers are responsible for the maintenance of sewers and the certificate referred to dispenses with the need to serve a seven days' notice prior to carrying out work.

Diseases of Animals Acts

Seven licences granted by the Council under the Diseases of Animals (Waste Foods) Orders, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year. The plant operators were visited and reminded to give strict compliance to the Order.

Slaughter of Animals Act, 1958

The Council issued 16 slaughterman's licences during the year and 3 of the licences include the slaughter of horses.

The requirements of the Act which are designed to eliminate as far as possible cruelty to animals during slaughter, are strictly complied with.

No Jewish or Mohammedan methods of slaughter are carried on in the City.

Caravans

There are no licensed caravan sites in the City.

Fertilizers and Feeding Stuffs Act, 1926

Six samples of artificial manures and 5 of animal feeding stuffs were obtained for analysis by the Official Agricultural Chemist and 6 were not satisfactory.

The discrepancies were small in each case and related to:— an excess of nitrogen in sulphate of ammonia and dried blood; a deficiency of nitrogen in bone meal, in poultry pellets and in beef pellets; an excess of phosphoric acid and a deficiency of nitrogen in bone meal and finally, an excess of nitrogen and potash and a deficiency of phosphoric acid in a sample of national growmore fertiliser. A warning letter was sent in each case.

Rag Flock and other Filling Materials Act, 1951

Two premises are registered under Section 2 of the Act, not so much because new articles are made, but so that they can execute orders for new work in the event of being asked. The business carried on is confined to the repair and renovation of customers' own articles, and the filling materials used for this work are not now subject to control. No samples were taken in 1965.

Dustbins

The scheme adopted in 1950 for the Council to supply dustbins at a rental was continued. Since 1957 the rental has been 7/- per year, and at the end of 1965, 3,150 bins had been supplied. During 1965, 76 new bins were supplied and 76 replacement bins were issued.

Infectious Diseases, etc.

72 visits were made and 9 houses were fumigated on account of tuberculosis or scarlet fever.

Knackers Yard

One building is licensed by the Council for the slaughter of horses and other animals. Only a small trade is carried on. All animals are slaughtered in a humane manner and the proprietors dispose of the meat uncooked for cat and dog food.

Verminous Houses, etc.

Two houses were found to be verminous and were disinfected by the Public Health Department staff.

The scheme put into operation in 1948 to prevent the spread of vermin in Council houses was continued. Each house, old or new, is given a precautionary treatment with insecticide before occupation commences and in the year 225 were so treated.

The staff carried out 52 fumigations to rid premises of wasps' nests.

Rodent Control

Complaints were received in connection with 218 premises, 174 of which were in respect of private houses, 22 business premises, 20 Local Authority properties and 2 agricultural properties. During the investigations 28 additional infestations were discovered.

One full-time rodent operator and one part-time employee are employed.

One maintenance treatment of the sewers was carried out and it would appear that the number of rats is still being kept at a low level.

Visits to houses	...	...	...	...	...	663
Visits to other premises	...	...	...	...	...	255

Number of premises cleared:—

Rats

Houses	...	...	...	...	...	202
Business premises	...	...	...	...	...	22
Other premises	...	...	...	...	...	22

Mice

Houses	...	...	...	...	...	16
Business premises	...	...	...	...	...	11
Other premises	...	...	...	...	...	—

No charge is made for rodent extermination in house property but a charge for the work done in business premises based on time spent and cost of materials is made to the occupier.

Agriculture (Safety, Health and Welfare Provisions) Act, 1956

Seven farms were inspected and the sanitary accommodation for employees was found to be reasonably satisfactory.

Prescribed Particulars on the Administration of the Factories Act, 1961

1. Inspections for purposes of provisions as to health.

Premises (1)	Number on Register (2)	Inspec- tions (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	4	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	164	32	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	5	—	—	—
TOTAL	192	36	—	—

2. Cases in which Defects were Found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	3	3	—	—	—

Part VIII of the Act. Outworkers

Nature of Work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel: Making, etc. ...	9	—	—	—	—	—
Cleaning and Washing ...	—	—	—	—	—	—
Lace, lace curtains and nets ...	—	—	—	—	—	—
Curtains and furniture hangings ...	—	—	—	—	—	—

**REPORT OF THE PRINCIPAL SCHOOL
MEDICAL OFFICER 1965**

Mr. Chairman, Ladies and Gentlemen,

The number of school children whose physical condition at routine medical examinations was found to be unsatisfactory amounted to less than 2% overall. The opinion on physical condition is an objective assessment of the child by the doctor at the time of examination. Thirty per cent. of the intermediate age group (aged 10 and 11 years) reviewed were found not to require medical examination. In those remaining 4.8% were physically unsatisfactory, a figure which only reduces to 3.3% if the reviewed children are included. The percentage of entrants and leavers found physically unsatisfactory was 1.3% and 1.2% respectively. Thus although it is possible to exclude 30% of intermediates from the medical examination routine, there is a higher rate of physically unsatisfactory children in this intermediate group than in the others. At present the age group 7 to 10 years is subject to stress, which may account for this finding.

It is now possible to carry out audiometry on all school entrants, as well as in those further on in school who show an indication for it, *e.g.*, reported hearing difficulty, speech abnormality, history of middle ear trouble. An assessment panel which includes the otologist, educational psychologist, senior speech therapist, home teacher for the partially hearing, and the medical officer meets at the Kent and Canterbury Hospital periodically to consider the needs of any partially hearing child referred to it. This has proved a thoroughly good arrangement. The family doctor and school staff are informed of the conclusions of the panel. This panel was developed by the County P.S.M.O., and provides access to City cases also.

We have continued to enjoy the help and co-operation of the heads of schools and I wish to express to them most warmly my thanks for their collaboration in promoting the fitness of the school children.

MALCOLM S. HARVEY.

General Information

Number of Schools: Primary 10, Secondary 5.

Number of Scholars on the Roll at end of 1965:

Primary	...	...	...	...	...	...	2,774
Secondary	...	...	...	...	...	...	2,604
							<hr/>
Total	...						5,378

Pupils medically examined:

Routine	...	...	...	...	...	...	1,153
Special	...	...	...	...	...	...	1,392
							<hr/>
Total	...						2,545

Reviewed without medical examination 108
See also tables S.2 to S.6 later.

Notes on Particular Defects follow:—

Vision

Out of the 1,153 routine medical examinations 43 cases of visual defect and 3 cases of squint were referred to the special clinic. Seventeen cases of squint were under treatment or observation already. Attendances at the special Eye Clinic numbered 294 and 87 children had glasses prescribed for them.

Hearing

Sixty-six children are listed on the audiometry register for periodic follow up. Many of these have been or are under E.N.T. supervision. Ninety-eight children were referred from Routine Medical Inspection for fuller test of hearing, 83 were placed under observation, and 2 were referred for treatment. Seven children are using hearing aids at school. Sixty-eight children had audiometry tests at the school clinic and all 5-year-old school entrants are having hearing checks carried out by audiometry.

Speech Therapy

The Senior Speech Therapist has kindly supplied the following report on Canterbury cases attending the Speech Therapy Clinic held at Whitstable Road, Canterbury. Efforts have been made during 1965 and also this year to reduce the waiting list of Canterbury cases for speech therapy by checking the condition of the cases waiting.

“Throughout the year Miss Umpleby has continued to spend nine sessions per week on work relating to children and adolescents referred to her from the County and City Authorities and one session a week at the Kent and Canterbury Hospital where she sees adults. Her “base” has continued to be 94 Whitstable Road, Canterbury.

The ever increasing waiting list has made it imperative that there should be further increases of accommodation and staff within the Speech Therapy Services in the Canterbury area. During 1965 it has been possible to take over and furnish the room vacated by the County Ambulance Service at 94 Whitstable Road as a second Speech Therapy Clinic. During the latter part of 1965 a second full-time appointment was advertised but, as yet, no applications have been received. There is at present a national shortage of Speech Therapists and unfortunately Kent services have been severely affected. The County has at present an establishment of seventeen Speech Therapists; at the end of 1965 only seven were in post; one of these ten vacancies has been advertised monthly for over two years without any applications being received; the other vacancies have been advertised monthly for between nine months and fifteen months without success. These vacancies together with the additional full-time appointment based on Canterbury continue to be advertised.

The cases of twelve Canterbury children have been closed during the year:

Satisfactory result	...	...	...	...	...	9
Treatment continued within a residential school for cerebral palsied children	...	...	...	...	...	1
Found to have improved when first seen	...	...	...	...	...	1
Appointment offered but not kept	...	...	...	...	...	1
						<hr/> 12 <hr/>

Sixteen Canterbury children continue to attend the Speech Therapy Clinic into 1966."

Sixty-one Canterbury children were on the waiting lists at the end of 1965.

Lip Reading

Three City children and three County children attended during 1965 but the development of the County scheme of peripatetic teachers of children with partial hearing ended the association of County children with the class. Miss Vines, who has for many years run the lip reading classes at 51 London Road on Saturday mornings as well as the evening classes for adults at the Technical College, all as an extra to her teaching duties at the Royal School for the Deaf, Margate, retired from teaching practice during the year. We were very fortunate to obtain the offer of the services of Miss D. E. Woodford, also on the staff of the Royal School for the Deaf, to continue the Saturday morning lip reading class.

Nose and Throat

The outlook on tonsillectomy remains conservative. Seventeen cases were referred direct from the School Health Service to hospital specialists, after the usual contact with family doctor. The number sent from family doctor to specialist following referral from School Health Service to family doctor is not known but 99 pupils were known to have received operative treatment for adenoids or tonsils and 2 for other conditions of nose or throat during the year.

Artificial Sunlight Therapy

This treatment is confined to Winter and Spring terms. One hundred and seventy individual treatments were given to 13 cases at 33 sessions for the purpose.

Immunisation and B.C.G. Vaccination

These are reported upon in the Medical Officer of Health section of the report. The routine protection of the 11-13 year old school children with B.C.G. vaccination is organised through the School Health Service although provided under Section 28, National Health Service Act. The case contact B.C.G. protection is organised by the Tuberculosis Health Visitor and Chest Physician through the Clinic for Chest Diseases. Routine protection is offered to school pupils in schools outside the L.E.A. system as well as within it, for it is

the prevention of tuberculosis in the whole population that is the aim.

Attention has been concentrated on improving the diphtheria protection of school entrants.

Minor Ailments

We still consider it of value and a necessity to provide a Minor Ailment service to ensure early or continuing treatment of skin and other ailments discovered at school visits, referred from teachers, or passed to our care by the family doctors. The number of attendances at the Clinic totalled 3,558. The number of cases of infestation is now small, but even these few cannot be neglected for we now have the risk in long-haired males.

Colour Vision

This is checked in girls as well as boys at age 10 or at the Secondary School entry for those from outside the City with no record of test. Doubtful results are referred for further check at the Clinic, using the Giles Archer lamp to determine the significance of any slight defect in relation to future employment.

Bed Wetting

The procedure is as described in the 1964 report. Eighteen cases were loaned a bell and pad set. Six were cured, 4 improved, 3 failed to improve, 1 returned the set as unmanageable and 4 continued under treatment at the end of the year.

Milk and Meals

School Milk: 3,725 pupils. School Dinner: 3,846 pupils. Meals were provided free of charge to 235 children.

School Dental Service

Principal Dental Officer:

Mr. B. J. West, L.D.S., R.C.S.

Attendances and Treatment

	Ages 5-9	Ages 10-14	Aged 15 & over	Total
First visit	588	543	96	1,227
Subsequent visits	344	995	146	1,485
Total visits	932	1,538	242	2,712
Additional Courses of Treatment				
Commenced	11	11	17	39
Fillings in Deciduous Teeth	211	45	—	256
Deciduous Teeth Filled	203	43	—	246
Deciduous Teeth Extracted	622	116	—	738
Fillings in Permanent Teeth	94	724	222	1,040
Permanent Teeth Filled	88	646	192	926
Permanent Teeth Extracted	30	277	148	455
General Anaesthetics	296	211	54	561
Emergencies	42	42	8	92
No. of Pupils X-rayed ... ..	...	...	...	32
Prophylaxis ... ..	...	...	...	75
Teeth otherwise conserved ... ..	...	...	...	238

No. of teeth root filled	...	...	...	...	...	2
Inlays	...	...	...	...	...	Nil
Crowns	...	...	...	...	...	Nil
Courses of Treatment Completed	...	...	...	...	...	631

Orthodontics

Cases remaining from previous year	...	...	...	21
New cases commenced during year	...	...	...	65
Cases completed during year	...	...	...	27
Cases discontinued during year	...	...	...	8
No. of removable appliances fitted	...	...	...	44
No. of fixed appliances fitted	...	...	...	Nil
Pupils referred to Hospital Consultant	...	...	...	1

Inspections

First inspection at school: No. of Pupils	...	...	...	4 248
First inspection at clinic: No. of Pupils	...	...	...	166
No. found to require treatment	...	...	...	2,143
No. offered treatment	...	...	...	2,138
Pupils re-inspected at School Clinic	...	...	...	135
No. found to require treatment	...	...	...	95

Sessions

Sessions devoted to treatment	...	...	...	559
Sessions devoted to inspection	...	...	...	34
Sessions devoted to dental health education	...	...	...	Nil

Dentures

	Ages 5-9	Ages 10-14	Aged 15 & Over	Total
Supplied with full upper or full lower (1st time)	Nil	1	1	2
Supplied with other dentures (1st time)	1	14	9	24
No. of Dentures supplied	1	15	11	27

TABLE S.1.

Condition of Children on Routine Medical Inspection.

Age Group	No. Med. Examined	Satis- factory		Unsatis- factory	
		No.	%	No.	%
Entrants - -	402	397	98.7	5	1.3
Intermediates	335	323	96.4	12	3.6
Leavers - -	345	341	97.1	4	2.9
Other - - -	71	71	100.0	—	—
Total - - -	1,153	1,132	98.1	21	1.9

TABLE S.2.

Defects found by Medical Inspection in the year ending
31st December, 1965

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	—	53	2	33
5	Eyes (a) Vision	43	148	74	270
	(b) Squint	2	16	1	11
	(c) Other	1	38	—	22
6	Ears (a) Hearing	—	83	2	98
	(b) Otitis Media	—	15	—	2
	(c) Other	—	9	—	3
7	Nose and Throat	12	69	3	57
8	Speech	9	21	1	18
9	Cervical Glands	—	18	—	12
10	Heart and Circulation	—	9	—	10
11	Lungs	—	41	—	33
12	Developmental—				
	(a) Hernia	—	2	—	1
	(b) Other	—	18	—	19
13	Orthopaedic—				
	(a) Posture	18	13	5	4
	(b) Flat foot	1	29	3	20
	(c) Other	—	35	—	27
14	Nervous System—				
	(a) Epilepsy	—	6	—	4
	(b) Other	—	29	1	16
15	Psychological—				
	(a) Development	—	17	—	22
	(b) Stability	—	25	—	17
16	Abdomen	—	15	—	8
17	Other	1	109	—	55
Total Number of Children Inspected		1,153		1,392	
Number of Children represented in figures above ..		805		854	

NOTE—All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection

TABLE S.3
MINOR AILMENTS TREATED
(excluding Uncleanliness shown in Table S.6.)

	<i>No. of Defects Treated or under treatment during the year</i>					
SKIN:						
Ringworm—Scalp:						
(1) X-ray treatment	—
(2) Other treatment	—
Ringworm—Body	—
Scabies	—
Impetigo	1
Other skin diseases	463
EYE DISEASES	78
(External and other, but excluding errors, refractions, squint and cases admitted to hospital)						
EAR DEFECTS	59
(Treatment for serious diseases of the ear is not recorded here)						
Miscellaneous	314
						<hr/> 915 <hr/>
Total number of attendances at Authority's minor ailments clinics	3,558

TABLE S.4
TREATMENT OF DEFECTIVE VISION AND SQUINT
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors in Refraction and Squint dealt with	...	...	...	294
Other Defects or Diseases of the Eye	...	...	...	—
No. of Children for whom spectacles were prescribed	...	...	...	87

TABLE S.5

Defects which received operative treatment (through Education Committee arrangements)	—
---	-----	-----	-----	-----	---

TABLE S.6
GENERAL HYGIENE

(1) Average number of visits per school made by School Nurses	...	...	...	...	...	40
(2) Home visits made as School Nurses	...	...	...	...	...	481
(3) No. of Individual Children found with nits	...	...	...	...	...	69
(4) No. of Individual Children cleansed under Section 54 of the Education Act, 1944	...	...	...	...	...	—
(5) No. of cases in which legal proceedings were taken	...	...	...	...	...	—
(6) Total individual examinations of pupils in school by School Nurse	...	...	...	...	...	16,134

Handicapped Pupils.

	On Register		Newly assessed as needing special education treatment	Newly Placed	Newly Placed prior (Assessed Jan. 1965)	Requiring Special Schools (a) Day (b) Boarding	Under 5 Requiring Special Schools	Reached 5 Parents refused Special Schools (a) Day (b) Boarding	On Registers ~ Boarding Schools		
	Male	Fem.							Maintained Schools	Non-Maintained Sch'ls	Independent Schools
Blind ...	—	—	—	—	—	—	—	—	—	—	—
Partially-sighted ...	—	—	—	—	—	—	—	—	—	—	—
Deaf ...	2	—	—	—	—	—	—	—	—	2	—
Partially-Hearing...	2	1	—	—	1	—	—	—	—	1	—
Physically Handicapped ...	3	6	—	—	2	—	—	—	—	5	—
Delicate ...	6	3	2	2	1	—	—	—	—	4	—
Maladjusted	4	2	2	1	1	(b) 1	—	—	—	2	1
E.S.N. ...	33	18	—	—	4	(a) 10 (b) 5	—	(b) 4	11	7	—
Epileptic...	—	—	—	—	—	—	—	—	—	—	—
Diabetic ...	—	2	2	—	—	(b) 2	—	(b) 2	—	—	—

Referred under S. 57 Education Act 1944 1

CANTERBURY CHILD GUIDANCE CLINIC

ANNUAL REPORT, 1965

I have pleasure in presenting the report on the work of the Child Guidance Clinic during the year, for which the statistical tables show only slight variations over last year's.

The seminars introduced in 1964 to integrate the aims of the Clinic with the work of those in the allied fields of child care and family welfare have continued. The regular meetings with Probation Officers, with Child Care Officers and staffs of local children's Homes, and with the City's Health Visitors have been felt to be particularly valuable, and our thanks are expressed to those who have made this co-ordination possible. A most welcome additional result of this dissemination of the Clinic's aims is that some families who may hesitate to worry their busy G.P. until a child's difficulties become severe can be put in touch with us much earlier, and have already been made aware of what to expect at our particular branch of the School Health Service. This earlier referral is reflected partly in an increase in the proportion of pre-school and Infant Class children among our new cases.

The very small number of our cases which have to be closed due to the parents' failure to co-operate is most encouraging, and here I should like to express admiration for the parents of today's younger generation. While parents of former generations and, indeed, our own parents, were apt to regard their child's difficult behaviour or failure at school as bloodymindedness or laziness, today's parents are far more likely to recognize these symptoms for what they are—a cry for help which their youngster is not able to express in any other way. The parents, often themselves young and one would say inexperienced, show a surprising degree of insight when their child's underlying problems are explained to them, considerable skill and understanding in following advice and very commendable co-operation and perseverance in attending for out-patient treatment here.

I am glad to say that the arrangements by which I am able to admit some children for periods of in-patient treatment or observation to the two pleasant Children's Convalescent Homes on the coast have continued, and show most gratifying results. In special cases it has also been possible for a child to attend regularly at the Convalescent Homes for "Day Care" and it is hoped to extend the use of this facility still more in the future.

The professional staff at the Clinic remains the same as last year with the exception of the educational psychologist's post. There is a

national shortage of qualified educational psychologists, and it has not yet been possible to replace Mr. Joynt, who left us in May to return to Ireland. This situation is much regretted, with the consequent curtailment of the School Psychological Service and loss of the invaluable personal contact which the psychologist can provide between a child guidance clinic and the schools attended by the children it serves. Our Remedial Teacher, Mr. Wyborn, has continued his most successful Saturday morning classes to give coaching and individual help to children who are backward in particular school subjects, and considering the rival attractions for our children on Saturday mornings his pupils—and Mr. Wyborn—are to be congratulated on their excellent attendance. It is hoped that the educational psychologist's vacancy may be filled in the not too distant future, when the Clinic will again be fully staffed.

KENNETH M. FRASER,
Medical Director.

TABLE C.G.1

SOURCE OF REFERRAL

	1965		1964	
	County	City	County	City
School Medical Officer ...	10	12	17	10
Private Doctor	25	9	34	12
Court or Probation Officer	9	2	21	2
Parent or Foster Parent	9	4	6	2
Educational Psychologist	9	—	8	6
Education Officer				
or Head Teacher ...	9	4	12	5
Other Clinics or				
Psychiatrists	13	2	22	4
Miscellaneous Social				
Agencies, including				
Children's Officer's, In-				
fant Welfare Clinics, etc.	6	2	11	3
	90	35	131	44
	125		175	

TABLE C.G.2

DIAGNOSTIC WAITING LIST

December 31st, 1965		December 31st, 1964	
County	City	County	City
23	5	20	18

TABLE C.G.3

DISPOSAL OF NEW CASES SEEN

	1965		1964	
	County	City	County	City
Diagnosis and Advice ...	11	4	27	2
Taken on for Treatment	65	33	91	21
Remedial Coaching ...	2	2	2	2
Partial Service ...	11	8	18	5
	89	47	138	30
	136		168	

TABLE C.G.4

CASES CLOSED

	1965		1964	
	County	City	County	City
Improved ...	34	13	34	17
Unco-operative ...	4	1	6	2
Interrupted or Moved Away	7	1	9	1
Placed after Supervision ...	8	—	12	—
	53	15	61	20

STAFF

Consultant Psychiatrist and Medical Director:

K. M. FRASER, M.B., Ch.B., D.C.H., D.P.M.

Educational Psychologist:

MR. G. H. JOYNT, B.A., Ed.B. (Resigned April, 1965).

Psychiatric Social Worker:

MISS M. E. CRIPPS, A.A.P.S.W.

Part-Time Psychiatric Social Worker:

MRS. L. K. SAMBROOK, A.A.P.S.W.

Part-Time Psycho-Therapist:

MISS I. H. BASSOM, B.A.

Remedial Teacher:

MR. J. WYBORN (Saturday mornings only).

Clerical Staff:

MISS N. DRURY.

MRS. J. CLARKE (part-time).

SERVICE INFORMATION

The following section provides general information for those who use or work with the local health services provided by the City Council:

Ambulance Service

The Ambulance Service for the City and around is provided jointly by Canterbury City Council and Kent County Council, and is supplemented by the Hospital Car Service and by use of rail transport. Except in the case of emergencies or accidents, requests are only accepted from medical practitioners and authorised officers of hospitals and local health authorities.

*Canterbury Ambulance Station, Old Ruttington Lane, Canterbury.
Tel. No. 65001.*

In emergency use 999 and state name, number of telephone speaking from, and the nature and location of the emergency, and do not ring off until the information is checked back.

The obligation resting on the Ambulance Service is **not** to make arrangements for the conveyance of **all** persons suffering from illness but **only** those for whom **special transport** such as the service provides is **necessary**. (a) Patients needing to attend hospital who can reasonably be expected to make their own way there should do so. (b) Walking patients may not be provided with transport if they can be expected without detriment to health to make their way to hospital on foot or by public transport. (c) Patients may not be conveyed to a distant hospital or specialist if the necessary treatment or diagnosis can be obtained nearer home. In such cases arrangements may be made for transport but a charge on the patient or responsible relative is levied.

Questions on ambulance service matters concerning this station area may be made at Canterbury 64411 Ext. 42.

District Nursing

This service is provided by the Canterbury District Nursing Association, affiliated to the Queen's Institute of District Nursing, and is centred on the Central Clinic, Poor Priests' Hospital, Stour Street, Canterbury.

The services of a nurse are obtained through the family doctor under whose clinical direction the nurses work. Nursing requisites are loaned out by arrangements through the nurses. Larger articles may be obtained on loan from the Central Clinic or through British Red Cross Society, St. John Ambulance Brigade, and the Alford Aid Society. Incontinence pads for special cases not being attended by a district nurse may be obtained from the Central Clinic at a charge.

Address: Poor Priests' Hospital, Stour Street (Central Clinic, side door).

District Nurses—Tel. No. Canterbury 64917

MRS. R. B. LEUTNER, S.R.N., S.C.M., Q.N.S. Tel. Stelling Minnis 316.
MISS M. K. GILLET, S.R.N., S.C.M., Q.N.S. Tel. Canterbury 65763.
MRS. M. PERCIVAL, S.R.N. Tel. Canterbury 63333.
MRS. M. E. PERKS, S.R.N., Q.N.S. Tel. Whitstable 4719.
MISS E. P. GOUDIE, S.R.N., S.C.M. Tel. Canterbury 66562.
MISS P. A. TATE, S.E.N. Tel. Canterbury 65329.

Domiciliary Midwifery

Domiciliary Midwives provide a service for the delivery of mothers at home. In general the care is provided in conjunction with the general practitioner obstetrician or family doctor, but the midwives are qualified to practice alone if required to do so. Booking: A midwife may be booked any forenoon or afternoon (except Thursday and Friday afternoons or Saturday) by calling at the Central Clinic, Stour Street. The midwives now work to particular medical practices and the name of the midwife to be booked is obtained from the surgery.

Staff:

MISS N. E. THOMAS, S.R.N., S.C.M., S.R.F.N., Q.N.S. Tel. 63962.
MRS. F. M. LIVERSEDGE, S.R.N., S.C.M. Tel. 65356.
MISS C. H. L. DESAINT, S.R.N., S.C.M. Tel. 65828.

Health Visiting

Six Health Visitors provide a service for the care of mothers, infants and young children and the promotion of health through advice and health education, in the home, amongst school children and through the child welfare clinics. They are concerned in the welfare of the elderly and infirm in their district and are associated with the family doctors by regular contact with their surgeries. They are also concerned with the care and after-care services.

Headquarters: Central Clinic, Stour Street. Tel. No. 64411
Ext. 49, 46 or 27.

Staff:

MISS A. GREY, S.R.N., H.V. Cert. (Superintendent Health Visitor).
MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V. Cert.
MISS J. C. BARBER, S.R.N., H.V. Cert.
MRS. P. RUSSELL, S.R.N., H.V. Cert.
MRS. B. M. RUTKINS, S.R.N., S.C.M., H.V. Cert.
and 1 Part-time Clerk.

A special Tuberculosis Health Visitor works from the Chest Clinic, 43 New Dover Road, Canterbury. Tel. 62336.

Care of Mothers and Young Children

Clinic Times:

Monday, 2 p.m., 51 London Road, May Hooker Memorial Clinic: Doctor, Health Visitor and W.V.S. voluntary workers (London Road Clinic).

Tuesday, 10 a.m., St. Stephen's Church Hall: Health Visitor and Voluntary Workers (St. Stephen's Clinic). (Doctor once a month for vaccination and immunisation.)

Tuesday, 2 p.m., Hollow Lane, Wincheap Primary School: Health Visitor and voluntary workers (Wincheap Clinic). (Doctor once a month for vaccination and immunisation.)

Tuesday, 2 p.m., Welfare Hut, Military Road: Health Visitors and voluntary workers (Northgate Clinic). (Doctor twice a month for vaccination and immunisation.)

Thursday, 2 p.m., Central Clinic, Stour Street: Doctor, Health Visitors and voluntary workers.

Friday, 9.30 a.m.—12 noon, Central Clinic: Immunisation.

Friday, 2 p.m., Central Clinic, Stour Street: Doctor, Health Visitors and voluntary workers.

Mothercraft and Relaxation Classes

Monday, 2 p.m., Central Clinic: Physiotherapist and Health Visitor.

Sewing Classes

Tuesday, 2.15 p.m., Central Clinic (during school term-time).

Dental Clinic (Expectant and Nursing Mothers and Pre-School Children):

Central Clinic Surgery (Ground floor). (Some treatment is carried out by appointment at the Dental Surgery in the School Clinic, Northgate.)

Unmarried Mothers

Help is provided for the special need of the unmarried mother and assistance is arranged through the Welfare Visitor, Tel. No. 63186 (before 10.30 a.m.) at 46 Old Dover Road (Miss U. Miller). Approach for assistance may also be made through the family doctor, health visitor, or by letter to the Medical Officer of Health, Dr. M. S. Harvey, 15A Dane John, Canterbury, marked strictly confidential. The Health Department works with the Diocesan Council for Social Work, and the Southwark Catholic Rescue Society in providing care.

Exfoliative Cytology

A cervical smear test clinic is held weekly on Thursday evenings in the Central Clinic by appointment only, for women to 65 years. A lady doctor is in attendance. Appointment forms are obtainable from the Health Department, the clinics, or through doctors' surgeries. Certain of the family doctors are providing a similar service for their patients through their own surgeries.

Facilities are provided for Kent County Health Department to run a similar clinic for women from the County area around the City. This clinic runs on Wednesday afternoons in the Central Clinic and forms of application are obtainable from County Hall, Maidstone, or from any of the County Welfare Clinics.

Family Case Work

A Family Case Worker (part-time) does concentrated case work on problem families. Families in need of such help are identified

by discussion between the Children's Department and Health Department Officers and submission of cases can be made through either department. The Family Case Worker, Miss F. Dell, works under the executive guidance of Mr. A. Head, Social and Mental Welfare Officer.

Family Planning

There is a local Branch of the Family Planning Association (see list of Voluntary Societies). The Clinics are held on two evenings each week in accommodation provided in the Central Clinic, Stour Street, Canterbury. Cases are seen by appointment, made through Tel. Canterbury 61267.

School Health Service

This service is staffed by doctors and dentists listed at the end of the report and is based for records, minor ailments treatment, dental treatment and special examinations and clinics on the

School Clinic, St. John's Place, Northgate. Tel. 63794.

The Nursing Staff comprises the Health Visitors, and

School and Clinic Nurse: MRS. A. F. HARRIS, S.R.N., S.C.M.

Dental Surgery Assistant: MRS. E. M. GREENSTREET.

School Nurse: MISS M. E. PHIPPS, S.E.N.

School Health Service Clerk: MRS. H. KELLY and 1 part-time Clerk.

The Child Guidance Clinic Staff are named in the Annual Report from that clinic which is at 51 London Road, Canterbury. Tel. No. 62733.

Priority Dental Service

This dental service is provided for expectant and nursing mothers and pre-school children and is staffed by the officers of the Dental section of the School Health Service. Expectant mothers are encouraged to attend the Dental Surgery in the Central Clinic on Wednesday afternoons for dental inspection and advice. Treatment can be obtained through the Priority Service or General Dental Service according to choice.

Birthday dental inspection and advice at age 3 years and 4 years is encouraged and the Dental Surgery in the Central Clinic is used for that purpose. *Surgery Centre*: Central Clinic (Ground Floor).

Home Help Service

This service is provided to meet the needs of households in difficulty through illness, maternity or complications of pregnancy, physical handicap or infirmity, or arising from the presence of young children (see main report regarding help in cases of sudden family breakdown).

Requests for the service are accepted from family doctors, authorised officers of the hospital or local health services and certain social work departments. Each case is assessed for charges.

Home Help Supervisor, Mrs. J. F. Amos, Health Department, 15A Dane John. Tel. No. 64411 Ext. 47.

Mental Health Service

The care and after-care of mentally ill and mentally handicapped persons is provided by the Social and Mental Welfare Officer, Mr. A. Head, 15A Dane John. Tel. No. Canterbury 64411 Ext. 42, backed by two part-time relief Mental Welfare Officers, Messrs. D. Pledge and L. Fullbrook.

The Canterbury Training Centre provides 50 places for junior and adult mentally handicapped persons. Address: Canterbury Training Centre, Woodville Close, Wincheap, Canterbury. Tel. No. Canterbury 64316.

Supervisor: MRS. E. M. MONTI.

Other Staff: MRS. W. COOMBES, MR. R. GRADY, MRS. R. IRVINE, MRS. L. I. CLARKE, MISS J. BARR, MRS. W. FOWLER.

Applications for admission should be sent to the Medical Officer of Health, 15A Dane John, Canterbury.

Nursing Requisites (see under "District Nursing")

Special Aids for the Handicapped or Elderly

The Health and Welfare Departments are each concerned in such help on a case basis. See below.

Foul Laundry Service

A service for the collection of fouled linen, laundering and delivery is provided through the Health Department to assist with the home care of incontinent bedridden patients. A charge is made per article laundered. Cases are referred through the family doctor, hospitals or district nurses. Contact: Health Department. Tel. No. 64411 Ext. 48 (see also District Nursing ref. incontinence pads).

Chiropody

A chiropody service is provided for elderly, physically handicapped, and expectant or nursing mothers. Cases are referred through the family doctor, the local health authority nursing staff, the Ministry of Pensions or the hospital service. Treatment is given at the chiropodist's rooms or by domiciliary visit. The proportion of cost to be paid by the case is assessed on ability to pay but a small minimum charge is payable by all cases at the time of treatment.

The British Red Cross Society provides a corn service for elderly ambulant persons at its Headquarters in Lower Chantry Lane.

Care and After-Care

Ancillary nourishment is provided for tubercular cases on the recommendation of the Chest Physician. In special cases of debility assistance can be given or arranged for recuperative care. Convalescence after hospital treatment is arranged by the hospital service. In other cases help may be arranged by the Health Department in conjunction with the family doctor.

The local nursing, home help and social services are used to assist with the after-care of persons discharged from hospital, particularly the aged, and to help recovery and resettlement back into the community.

Prevention of Illness, etc.

B.C.G. vaccination against tuberculosis is provided for case contacts through the Chest Clinic and for young persons from age 11 upwards by approved Medical Officers. The routine B.C.G. programme is carried out in the secondary schools, local public schools and through the School Clinic for older applicants. Forms of consent are distributed through the schools, but may also be obtained on application to the Health Department, or the Registrars of the College of Art and the Technical College for Students at these Colleges.

Vaccination and Immunisation

The scheme covers protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis and such protection is available for children through the local Child Welfare Clinics or the family doctor.

Adult vaccination for those going abroad, or protection against typhoid and paratyphoid, etc., is not dealt with under the local health authority scheme and should be discussed with the family doctor. Authentication of signatures on International Certificates is done in the Health Department (Monday to Friday).

Welfare of Elderly and Physically Handicapped

Enquiries on this service should be addressed to the Welfare Officer, Municipal Buildings, Dane John. Tel. No. 64411, Ext. 24.

Children's Officers Department

Enquiries on matters concerned with the welfare of neglected or deprived children, children in need of care and attention, family guidance problems, children being fostered, etc., should be addressed to the Children's Officer, Arnett House, Hawks Lane, Canterbury. Tel. No. 65514.

Postal Addresses of Voluntary Societies

British Red Cross Society, Lower Chantry Lane.

St. John Ambulance Brigade, 40 Guildford Road.

Alford Aid Society, 43 Old Dover Road.

T.B. After-Care Committee, Chest Clinic, 43 New Dover Road.

National Society for the Prevention of Cruelty to Children, 30 Cherry Garden Road.

Royal Society for the Prevention of Cruelty to Animals, 60 St. Martin's Road.

Discharged Prisoners' Aid Society, 4 Gas Street.

Women's Voluntary Service, 3 Castle Street.

Family Planning Association, 15A Cromwell Road.

Canterbury Society for Mentally Handicapped Children, 87 Tenterden Drive.

Canterbury Hard of Hearing Club, Hawcroft Farm, Sturry.

Canterbury Voluntary Association for the Blind, "Brcarly", Pilgrim's Way.

Diocesan Association for the Deaf, Lady Wootton's Green.
Disabled Drivers' Association, 158 Wincheap.
Diocesan Council for Social Work, Diocesan House, Lady Wootton's Green.
Canterbury Old People's Welfare Committee, c/o Royal Insurance Company, 29 High Street.
Marriage Guidance Council, 1A Castle Street.
National Institute for the Deaf, Roper House, St. Dunstan's Street.
Society of Friends, Friends' Meeting House, The Friars.
Toc H, 81 Cherry Drive.

Medical, Administrative, Clerical Staff

HEALTH DEPARTMENT, 15A Dane John. Tel. No. 64411.
Pedestrian access from Dane John Gardens, Car Park off Worthgate Place.

Medical Officer of Health and Principal School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and School Medical Officer:

JAMES LESLIE GORDON, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Principal Dental Officer:

B. J. WEST, L.D.S., R.C.S.

Chest Physician and Adviser in After Care:

O. CLARKE, M.D., M.R.C.S.

Medical and Dental Officers (Part-time):

DR. F. B. CHEESE, M.B., Ch.B. (Child Welfare).

DR. J. A. CHEESE, M.B., B.S., M.R.C.S., L.R.C.P., C.D.H. (Anaesthetics).

MR. F. COGAN, L.D.S. (Dental Surgery).

DR. JEAN J. S. NICOLSON (School Health, Cervical Cytology).

DR. KATHLEEN H. CRISPIN (School Health, Child Welfare, Cervical Cytology).

Lay Assistant: D. PLEDGE.

Senior Clerk: MISS J. MASHMAN.

Clerical Officer: MRS. J. SPICE.

Clerical Staff: MISS B. E. HOWARD.
MISS C. FURMINGER.
MISS A. LEAMY.
and 1 part-time Clerk.

Central Clinic Clerk: MRS. A. BURTON.

General Assistant: C. A. EASTLAND.

Public Health Inspectorate

Chief Public Health Inspector: (Tel. No. 64411)

T. L. MARTIN, F.A.P.H.I.

Senior Meat Inspector:

A. R. CLARK, M.A.P.H.I., Meat Inspector's Certificate.

Senior Public Health Inspector:

F. W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate.

Public Health Inspectors and Meat Inspectors:

R. H. CUFF, Cert. P.H.I.E.B., Dip. Inspector of Meat and other Foods.

T. S. BRUNTON, Meat Inspector's Certificate (Scotland).

Rodent Officer and General Assistant:

A. BAUGHAN.

Section Clerk:

T. A. RANDALL.

